



**Maryland Motor Vehicle Administration**

6601 Ritchie Highway, N.E.  
Room 145, Attn: CDL Med Cert  
Glen Burnie, MD 21062

**Driving Certification for Maryland Commercial Driver's License Holders**

**PLEASE READ AND COMPLETE.**

**Applicant Information (Please Print): \*Indicates a required field**

<u>Driver License Number</u> *		<u>Date of Birth (Month/Day/Year)</u> *		<u>Current Medical Certificate Expiration Date (Month/Day/Year)</u> *	
<u>First Name</u> *		<u>Middle Name</u>		<u>Last Name</u> *	
<u>Suffix</u>					
** You must provide either a <b>Contact Phone Number</b> or <b>Email Address</b>		<u>Contact Phone Number</u> **			
		<u>Email Address</u> **			

**Certification: Select one of the following four options:**

**I am qualified to operate a commercial motor vehicle \***

Interstate and have a valid medical examiner's certificate. (NI)

Intrastate (within MD) OR I am under the age of 21 OR I have an approved MVA CDL Medical Waiver. (NA)

Interstate and am exempt from obtaining a medical examiner's certificate. (EI)

Intrastate (within MD) and meet all applicable MD State requirements. (EA)

**I certify, under penalty of perjury that the statements made by me on this application are true and correct to the best of my knowledge, information and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date