



STATE OF TENNESSEE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY
COMMERCIAL DRIVER LICENSE SECTION

CDL HOLDER SELF-CERTIFICATION AFFIDAVIT

In order to comply with 49 CFR 383.71 and 49 CFR 383.73, the Tennessee Department of Safety and Homeland Security requires all commercial driver license holders to certify the type of driving they engage in and provide a copy of their medical examiner's certificate to the Department. This information will be posted to the driver's record and will be made available to other states.

Name of Driver _____ CDL # _____

Please make one of the following certifications by initialing:

1. Non-Excepted Interstate – I certify that I operate or expect to operate in interstate commerce and meet the qualification requirements under 49 CFR Part 391, and I am required to obtain a medical examiner's certificate by 49 CFR 391.45 of this chapter.

_____ 2. Excepted Interstate – I operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68, or 398.3 from all parts of the qualification requirements of 49 CFR part 391, and I am therefore not required to obtain a medical examiner's certificate by 49 CFR 391.45 of this chapter.

_____ 3. Non-Excepted Intrastate – I operate or expect to operate only in intrastate commerce and therefore I am subject to the State of Tennessee driver qualification requirements for operating a commercial motor vehicle.

_____ 4. Excepted Intrastate – I operate or expect to operate in intrastate commerce, but I engage exclusively in transportation or operations excepted from all or parts of the State of Tennessee driver qualification requirements for operating a commercial motor vehicle per Tennessee Comprehensive Rules and Regulations 1340-1-13(2008). I further certify that I am not required to have the Passenger, School Bus, or Hazardous Materials endorsement.

I hereby certify under penalty of perjury that the information provided in this notice is correct and true to the best of my knowledge. My signature represents consent to release my driving record information. I understand that supplying false information may result in the suspension of my driving privilege.

Driver Signature _____ Date _____

Please send this affidavit along with a copy of your medical examiner's certificate to:

Commercial Driver License Section
TN Department of Safety and Homeland Security
1148 Foster Ave
Nashville, TN 37243

You may fax the affidavit along with a copy of your medical examiner's certificate to: 615-401-7674, or email the scanned copies (.pdf files only) to: DI.CDL.Medcert@tn.gov

You may also call 615-251-5217 with questions. Whether writing or calling, please refer to your commercial driver license number.