



Department of Public Safety

Driver License Division

Application for Intrastate Only Medical Waiver Program

Because I do not fully meet the minimum federal medical requirements for an unrestricted Commercial Driver License (CDL) or a federally marked Medical Examiner's Certificate (MEC), it is my desire to apply for or renew my Utah intrastate only (K restriction) commercial driving privilege.

Full Name: _____ Driver License Number: _____

Date of Birth: _____ Social Security Number: _____ Years of Commercial Driving Experience: _____

Residential Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Current license class: A ☐ B ☐ C ☐ D ☐ Class being applied for: A ☐ B ☐ C ☐ D ☐

Type of Commercial Motor Vehicle (CMV) expected to operate: _____

Disqualifying medical/vision condition: _____

List of medications: _____

Medical Questionnaire (Required) – Mark "Yes" or "No" to Each Question

Additional information from your physician (Functional Ability Evaluation form) may be required before processing your intrastate waiver application if you have, or if you have had, any of the following conditions in the last five years.

Diabetes: YES ☐ NO ☐ Do you take insulin?

Cardiovascular: YES ☐ NO ☐ Do you have an uncontrolled heart condition?

YES ☐ NO ☐ Do you have an Implantable Cardioverter Defibrillator (ICD)?

YES ☐ NO ☐ Have you lost consciousness or fainted in the last five years?

Pulmonary: YES ☐ NO ☐ Do you have a pulmonary (lung) condition?

YES ☐ NO ☐ Is an inhaler the only medication prescribed for this condition?

YES ☐ NO ☐ Do you use supplemental oxygen?

Neurologic: YES ☐ NO ☐ Do you have, or have you had a neurological condition such as: Dementia, Strokes, Alzheimer's, traumatic brain injury, Multiple Sclerosis, or Parkinson's?

Epilepsy: YES ☐ NO ☐ Do you have or have you had seizures in the last five years?

YES ☐ NO ☐ Commercial Driver: Anytime during your life?

Learning & Memory: YES ☐ NO ☐ Do you have learning and memory difficulties that may interfere with driving safety?

Mental Health Condition: YES ☐ NO ☐ Do you have a mental health condition such as schizophrenia, severe anxiety, or severe depression?

Alcohol & Other Drugs: YES ☐ NO ☐ Do you use alcohol excessively, misuse prescription drugs, or use illegal drugs?

YES ☐ NO ☐ Have you been treated for alcohol or chemical dependency, or has treatment been recommended by a medical professional?

Vision: YES ☐ NO ☐ Are you required to wear glasses or contact lenses for driving?

YES ☐ NO ☐ Is your visual acuity worse than 20/40 in the better eye, even with corrective lenses?

YES ☐ NO ☐ Do you have a degenerative or progressive eye condition?

YES ☐ NO ☐ Have you experienced a decrease in peripheral (side) vision?

Musculoskeletal: YES ☐ NO ☐ Do you have loss or paralysis of all or part of a limb, or severe arthritis?
YES ☐ NO ☐ New or changed in the past five years?
YES ☐ NO ☐ Present longer than five years?

Alertness/Sleep Disorder: YES ☐ NO ☐ Do you have a condition that produces abnormal sleepiness (sleep apnea, narcolepsy, etc.)?

Other: YES ☐ NO ☐ Are there any other health problems or use of medications which might interfere with driving ability, safety, or control of vehicle? Please explain: _____

I understand that this process requires me to submit medical information and, in some cases, to provide additional information from my medical provider or myself. I also understand that no processing will begin until the entire packet has been completed and turned in, along with any additional requested paperwork. This can take 4-6 weeks to process, and sometimes longer for specialized cases or those requiring Medical Advisory Board (MAB) approval. ***Note: Additional testing may be required.***

I, the undersigned, under penalty of perjury, affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Instructions for Applicant:

- ☐ Original Application – have your health care professional complete all categories of the Functional Ability Evaluation Medical Report form (FAE).
- ☐ Renewal Application – have your health care professional complete the FAE in the appropriate category.
- ☐ Visual Condition – have your vision health care professional complete the accompanying Certificate of Visual Examination.

DON'T FORGET TO...

- ☐ Complete the medical questionnaire. Must be completed in order to process your application.
- ☐ Submit a current Medical Examiner's Certificate (MEC), commonly known as a DOT card, through the national registry.
- ☐ Submit the completed Utah CDL Medical Self-Certification form, signed and dated.
- ☐ Submit the completed Intrastate Only K Restriction application.
- ☐ Submit the completed Function Ability Evaluation Medical Report form.
- ☐ Submit the completed Certificate of Visual Examination form, if needed.
- ☐ Enclose your signed check or money order for \$25 payable to the Department of Public Safety for your application processing fee. This fee is non-refundable.
- ☐ Lost enclosed envelope? Mail to: Driver License Division, Attn: CDL Medical Program, PO Box 144501, Salt Lake City, UT 84114-4501.

Once the medical information and application are processed, a decision will be made regarding your eligibility to obtain or maintain a CDL or Class D license with an Intrastate Only Waiver, based on established guidelines. You will be notified of this decision by mail. If you have any questions, please contact the K Program representative at 801.965.3819.

If you are approved for the K Waiver Program, your K waiver card will be mailed to the address on your driver license record. Please ensure the correct mailing address is on file.