Oklahoma Commercial Driver Licensee
Medical Self-Certification Affidavit

Name of Driver: _____

Oklahoma Drivers License Number: _____

The information on this form is also included on the driver license application form. This form is only required if you are reporting your "medical self-certification" and do not need a driver license issued (or if you are reporting your medical status for the first time or have had a change of medical certification status).

Are you submitting a copy of your medical certificate? YES NO (Please circle yes or no)

NOTE: Only Class A, B, or C drivers that check only the first self-certification box below must submit a copy of their medical certificate; however all Class A, B, or C drivers must submit this affidavit.

Please check only one of the following Self-Certification categories that apply to you.

I certify my commercial transportation is:

- ☐ **1. Non-excepted Interstate (NI)**. I operate or expect to operate in interstate commerce and subject to 49 CFR part 391. (Medical certificate and affidavit must be submitted).
- ☐ **2. Excepted Interstate (EI)**. I operate or expect to operate in interstate commerce, but operation exclusively in transportation or operations excepted under 49 CFR 390.3 (f), 391.2, 391.68, or 393.3. (Only the affidavit must be submitted).
- ☐ **3. Non-excepted Intrastate (NA)**. I operate ONLY in intrastate commerce and subject to State driver qualification requirements. (Only the affidavit must be submitted).
- ☐ **4. Excepted Intrastate (EA)**. I operate in intrastate commerce, but operating exclusively in transportation or operations excepted from all or part of the State driver qualification requirements. (Only the affidavit must be submitted).

_____ _____

Driver's Signature Date

Please mail, fax, or email the medical certificate (if applicable) and the Self-Certification affidavit to:

Oklahoma Department of Public Safety
CDL Administration
PO Box 11415
Oklahoma City, OK 73136-0415
mec@dps.state.ok.us
Fax to 405-425-2060