## REVENUE Commercial Driver License Medical Certification

MISSOURI DEPARTMENT OF

Form

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Instructions	<ul> <li>Any person applying for a commercial driver license (CDL) or renewing a CDL must certify to one of the four categories shown below in the Self-Certification Information block indicating the type of commercial vehicle operation they drive in or expect to drive in with their CDL. (See Section 302.768, RSMo, and 49 CFR 383.71.)</li> <li>Drivers who select "non-excepted interstate" or "non-excepted intrastate" below must also submit a current medical examiner's certificate, and any applicable waivers, with this form.</li> <li>Submission requirements: <ul> <li>Submit Form 5463 completed in full and signed (electronic signature not acceptable) by CDL holder, including completion of credit or debit card information for payment of the \$6.00 office processing fee.</li> <li>In addition to the form, you must submit clear copies of the following: <ul> <li>Your current Missouri commercial driver license or noncommercial driver license and commercial learner's permit; and</li> <li>A copy of your most current issued medical examiner certificate and any issued Skills Performance Evaluation (SPE) or waiver approval.</li> </ul> </li> <li>This electronic submission option cannot be used to modify any data on the current commercial document. If your certification status requires the addition or removal of mandatory restrictions, you must apply in person.</li> </ul></li></ul>			
Driver Info	First Name Last Name	le		Middle Initial
	Missouri Residential Address	City, State, ZIP Code		
	Mailing Address City, St		ty, State, ZIP Code	
	Date of Birth (MM/DD/YYYY)		Driver License Number	
	/ / Telephone Number Email Address			
Payment Info	Would you like to donate a dollar to the Blindness Awarenesss Pogram? Yes No Would you like to donate to the Organ Donor Fund? Yes No If yes, enter donation amount (minimum of \$1.) \$ If you are paying by credit card you must include the following: Card type: Discover Mastercard American Express Visa Card Number: Name on Card: Expiration Date: (MM/YY)/ Security Code: ZIP Code: A convenience fee will be charged for credit or debit card transactions.			
Self-Certification Information	<ul> <li>I certify my commercial operating status is—check only one box below: (Selecting more than one box will delay processing of this form.)</li> <li>Non-excepted interstate – [NI] Operates or expects to operate in interstate commerce and is subject to and meets the qualification requirements under 49 CFR part 391, and is required to obtain a medical examiner's certificate by 49 CFR 391.45. (Current medical examiner's certificate, and any applicable waiver, must be submitted with this form.)</li> <li>Non-excepted interstate – [NA] Operates only in intrastate commerce and is required to meet Missouri's current medical requirements. (Current medical examiner's certificate, and any applicable waiver, must be submitted with this form.)</li> <li>Excepted interstate – [EI] Operates or expects to operate in interstate commerce, but engages exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68, or 398.3 from all or parts of the qualification requirements of 49 CFR Part 391, and is not required to obtain a medical examiner's certificate by 49 CFR 391.45. These exceptions are listed in detail on the Department of Revenue's website at dor.mo.gov/faq/drivers/medcert.php.</li> <li>Excepted intrastate – [EA] Operates or expects to operate in intrastate commerce, but engages exclusively in transportation or operations that are excepted from all or parts of Missouri's medical requirements. (This is Missouri's grandfather exemption where the driver operates solely in intrastate commerce and had a valid chauffeur's license on or before May 13, 1988.)</li> </ul>			
Per my signature on this form I consent to receive notifications from the Department of Revenue by phone, text, or email address as provided on this application. I hereby certify under penalty of perjury that all information contained on this form, including the residence and mailing address, is true and accurate.				
Driver's Signature         Date (MM/DD/YYYY)          /				
Medical examiner certificate undate requests may be submitted electronically to participating Department of Revenue Contract License Offices				

Medical examiner certificate update requests may be submitted electronically to participating Department of Revenue Contract License Offices. To find a participating office go to dor.mo.gov/license-office-locator/index.html.

Driver License Bureau General Information Phone: (573) 526-2407 Visit <u>dor.mo.gov/drivers/</u> for additional information.

## Ever served on active duty in the United States Armed Forces?

If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.