Failure to return this form to the Alabama Department of Public Safety will result in the cancellation of your commercial driver license.

Self-Certification Affidavit (please print)

Name of Driver: ____________________________________________ Alabama License No.: ______________________

IMPORTANT: Recent changes in federal regulations 49 CFR 383, 384, 390 and 391 require drivers of commercial motor vehicles to certify the type of operation they’re engaged in. Effective January 30, 2012, all Class A, B, or C drivers must submit this affidavit. *If you check the first self-certification box below, you must also submit a copy of your current medical card/certificate and always maintain a current medical card/certificate on file with the Alabama Department of Public Safety.*

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

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

I certify my commercial transportation is:

☐ Non-excepted Interstate and subject to 49 CFR part 391. *I am required to carry a DOT Medical Card/Certificate* (medical card/certificate and this affidavit must be submitted)

☐ Excepted Interstate, but operating exclusively in transportation or operations excepted under 49 CFR 390.3 (f), 391.2, 391.68, or 398.3*I am NOT required to carry a DOT Medical Card/Certificate* (only this affidavit must be submitted) Examples of excepted categories: Transportation performed by Federal and State Government and Churches. For a complete list of excepted categories, please refer to the 49 CFR codes above.

☐ Non-excepted Intrastate and subject to Alabama driver qualification requirements. *My CDL has a W-Restriction due to an Alabama issued Medical Waiver* (only this affidavit must be submitted)

☐ Excepted Intrastate, but operating exclusively in transportation or operations excepted from all or part of the State driver qualification requirements. (only this affidavit must be submitted)

__________________________________________________________________________  __________________________________________________________________
Driver’s Signature                                           Date

Please mail or fax the medical card/certificate (if applicable) and this Self-Certification affidavit no later than 10 days prior to renewing your commercial driver license. Mail or fax to

Alabama Department of Public Safety
Driver License Division
CDL Unit
P.O. Box 1471
Montgomery, Al 36102-1471

For questions, please e-mail:
For questions, please e-mail:
e-mail: cdlmedicalmerger@dps.alabama.gov
334-353-1980 – fax number