

QUALIFICATIONS OF INTRASTATE DRIVER CERTIFICATION AND EXEMPTION

CDL-5 (Rev. 11/02)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK.
The signature shall be WRITTEN in BLACK INK.

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME	
DRIVER LICENSE NUMBER	BIRTH DATE			SOCIAL SECURITY NUMBER
	MO.	DAY	YEAR	AGE NOW

In order to obtain a commercial driver license which authorizes the operation of a commercial motor vehicle in intrastate commerce, you must certify to and meet the following qualifications as taken from 49 Code of Federal Regulations (CFR), Part 391, and the Texas Transportation Code, Chapter 522.

Intrastate commerce is the transportation of property (a commodity) where the point of origin and destination are totally within one state and no state line or international boundary is crossed. The Bill of Lading will be an indicator as to whether a shipment or commodity is interstate or intrastate. If there is no Bill of Lading, the origin and destination of the shipment will be an indicator.

I certify that I:

- a. Am at least 18 years of age
- b. Am not disqualified to drive a motor vehicle.

I further certify that I: (check the appropriate box)

- a. Am a driver who operates a commercial motor vehicle in intrastate commerce, not transporting property requiring a hazardous material placard, and was regularly employed operating a commercial motor vehicle in Texas prior to August 28, 1989 and am not required to meet the medical standards set forth in the Federal Motor Carrier Safety Regulations.

Drivers who claim this exemption and who are seeking to obtain or maintain employment as a school bus driver must undergo and pass an annual physical examination as required by V.C.S. Article 6687b, Section 5(a), recodified as Texas Transportation Code Ann., Section 521.022 (1996).

- b. Meet the physical qualifications of 49 CFR, Part 391, as follows:
1. Have no loss of a foot, a leg, a hand, or an arm, or have been granted a waiver;
 2. Have no impairment of:
 - i. A hand or finger which interferes with prehension or power grasping; or
 - ii. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or have been granted a waiver.
 3. Have no established medical history or clinical diagnosis of diabetes melitus currently requiring insulin for control;
 4. Have no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by suncope, dyspnea, collapse, or congestive cardiac failure.
 5. Have no established medical record history or clinical diagnosis of a respiratory dysfunction likely to interfere with my ability to control and drive a motor vehicle safely;
 6. Have no current clinical diagnosis of high blood pressure likely to interfere with my ability to operate a motor vehicle safely;
 7. Have no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with my ability to control and operate a motor vehicle safely;
 8. Have no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle;
 9. Have no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with my ability to drive a motor vehicle safely;
 10. Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber; or have been granted a waiver.

(OVER)

11. First perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, do not have an average hearing loss in the better ear greater than 40 decibels at 55 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.
12. Do not use a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit forming drug; and
13. Have no current clinical diagnosis of alcoholism.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUALIFICATIONS FOR COMMERCIAL MOTOR VEHICLE DRIVERS IN INTRASTATE COMMERCE. I FURTHER CERTIFY THAT I WILL OPERATE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE COMMERCE ONLY.

Write Usual Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Notary Public or Authorized Officer

DEPARTMENT USE ONLY

Waiver Presented:

- () LIMB
- () VISION