



# Colorado Intrastate CDL Medical Waiver Programs

## Applicant Information Form

In addition to this form, there are 4 other items required for a complete application.

### Application is for which type of waiver (CHOOSE ONLY one):

DIABETES (*insulin-dependent*)  VISION  LIMB/SPE

#### 1. Driver Information

Name (First, Middle Initial, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and ZIP code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City, State and ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male  Female

#### 2. Drivers' License –License # and Commercial Class \_\_\_\_\_ Regular R Commercial A B C

a. If you don't have a commercial license/permit, are you applying for one? YES  NO

Attach a **LEGIBLE** copy of both sides of your current Colorado drivers' license.

#### 3. Statements of Driver Qualification and Authorization (to be signed by the applicant)

a) I hereby certify that I am otherwise qualified under 49 CFR 391.41(b)(1-13) to operate a CDL-required vehicle in INTRASTATE commerce. *I understand and agree that any false statements made to obtain this intrastate waiver may cause the cancellation of my waiver. I further agree to abide by the restrictions, conditions, and requirements of the Colorado CDL Medical Waiver Program.*

Applicant Signature: \_\_\_\_\_

b) I authorize the physician completing this waiver application on my behalf to discuss and release any and all medical records pertaining to its content with or to the Colorado State Patrol, Medical Waiver Program Manager or designee.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

#### APPLICATION PACKET REQUIREMENTS

The following information is required in order for your application to be processed:

- o Applicant Information Form (this form);
- o Copy of the Medical Examination Report (also known as the long form) completed by an examiner listed on the National Registry of Medical Examiners;
- o Copy the Medical Examiners Certificate (DOT card) completed by the same examiner as above;
- o Medical waiver application form(s) for the condition to be waived, completed by the applicant's physician; and,
- o Copy of your current Driver's License-front and back

MAIL TO: Colorado State Patrol-Motor Carrier Unit, ATTN: Medical Waivers,  
15075 South Golden Road, Golden, CO 80401  
OR call 303-273-1875 for a personal appointment  
<https://www.colorado.gov/csp/medical-waivers>