



Minnesota Department of Transportation

Office of Freight and Commercial Vehicle Operations

Mail Stop 420
395 John Ireland Boulevard
St. Paul, MN 55155-1899

Phone: 651/215-6330

Fax: 651/366-3718

**Deaf / Hard-of-Hearing
Driver Application / Checklist**

Instructions: Applicants must complete each application section of this form. The office will return all incomplete applications to the applicant.

Applicant

Check One: New application Renewal

Name: Last: _____ First: _____ MI: _____

Address: _____

City/State/Zip: _____

Telephone No.: () - _____ Driver's License Number: _____

Date of Birth: _____ Sex: Male Female

List any other Mn/DOT waivers you have been granted:

Employer (skip if not applicable)

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Telephone No. _____

Driving Experience & Description of Driving Applicant

- Type of vehicle(s) you intend to operate under the waiver [circle all that apply and list number of years experience driving the particular vehicle(s)]

Straight Truck _____ Yrs. Tractor Trailer Combination _____ Yrs.

Automobile _____ Yrs. Bus _____ Yrs.

- Check the type(s) of driving you will do under the waiver:
 - Over-the-road, straight through to destination
 - Short relay (drive to turnaround point, exchange trucks, complete run within 10 hours)
 - Local deliveries
 - Long relay (same as short relay – with overnight stay)
 - Sleeper team (share driving with co-driver)
 - Other (describe): _____

- How many hours will you spend driving per week? _____ Daytime _____ Nighttime

- Approximately how many miles will you drive each year? _____ Miles

- Describe any modifications made to the vehicle you intend to drive under this waiver:

- Provide an general description of the cargo you will transport:

Driver’s Medical History

Have you suffered an onset of hearing loss or a dramatic change of hearing within the last 12 months?

- Yes No

Have you ever had episodes of dizziness, vertigo or balance problems?

- Yes No

Has your physician ever told you that you may have recurring episodes of vertigo, dizziness or balance problems?

- Yes No

Other Driver Information

Have you routinely used a hearing aid”

- Yes No

What is your primary mode of communicating?

- Written English Sign (ASL)
 Lip Reading Other: _____

Application Checklist

You must provide, as attachments, the following information:

- A legible photocopy (both sides) of your current driver's licenses
- A copy of the "DOT" medical examination report and certification showing that you are medically unqualified to drive unless a waiver is granted and
- A Physician's Examination Report/Checklist

I certify that the information I provided in this application is true and correct to the best of my knowledge. Also, by signing below the applicant recognizes and acknowledges that if the waiver is granted it is only valid between points in Minnesota while transporting intrastate freight.

Driver Applicant

Date

Carrier Official

Title

Date