



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

**Insulin - Dependent Diabetic
Driver Waiver Application/Checklist**

Instructions complete each applicable 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: _____ E-mail: _____

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 _____

Have you operated a commercial vehicle with a diabetic condition controlled by insulin for a 3 year period preceding the date of application? _____ Yes _____ No

Employer

Company Name: _____

Address: _____

City/State/Zip: _____

Contact person: _____ Telephone No. _____

■ Type of vehicle(s) you intend to operate under the waiver (circle all that apply and list the number of years experience driving each vehicle:

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 a general description of the cargo you will transport: _____

Application Checklist

You must provide, as attachments, the following information:

_____ A photocopy (both sides) of your current driver's license;

_____ A copy of the "DOT" medical examination report showing that you are medically unqualified to drive unless a waiver is granted;

_____ A medical examiner's signed statement; and

_____ A signed Eye Care Professional's statement

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

Driver/Applicant Signature

Date

Carrier Official's Signature (if applicable)

Title

Date