



Minnesota Department of Transportation

Office of Freight and Commercial Vehicle Operations

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

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Fax: 651/366-3718

**Minnesota Intrastate Physical Waiver
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

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.
Conventional Tractor	_____ Yrs.	Cab-over Tractor	_____ Yrs.

Year, make and model: _____

- Transmission Type:
 - Automatic Semi-automatic Manual
- Number of forward speeds?
- Auxiliary Transmission? Yes No
- Multiple speed rear axle? Yes No
- If so, how many speed? _____
- Types of brakes? _____
- Type of steering? Power Manual
- Type of trailer? _____ No. of trailers to be towed: _____
- Have there been any special modifications made to the vehicles?
- If so describe:

- Provide a general description of the cargo you will transport:
- _____
- _____

- 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 much time will be spent on-duty in a typical 24-hour period? _____ Hours

Driver's Medical History

What is the specific medical condition for which you seek a waiver? (Check all that apply)

- Impairment Full amputation Partial amputation
- Arm:** Left Right **Hand** (including fingers): Left Right
- Leg:** Left Right **Foot:** Left Right

- Do you use a prosthetic or orthotic device? If so, please describe:
- _____
- _____
- _____

Application Checklist

You must provide, as attachments, the following information:

- A copy of your "DOT" exam and certificate (certificate should state that it is only valid with a waiver.)
- A copy of your "ROAD TEST/CERTIFICATE" (if you hold a CDL, you may enclose a legible photocopy of that instead.)
- If applicable, a copy of Employment Application from your most recent commercial driving job. If you never held a job, check here:
- If you have held a driver's license in another state in the last 3 years, we need a certified copy of your driving record from that state.
- The attached "MEDICAL EVALUATION SUMMARY" must be completed only by a board qualified or board certified physiatrist or orthopedic surgeon.

I certify that the information I/we have provided in this application is true and correct to the best of my/our 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 and/or passengers.

Driver Applicant

Date

Carrier Official (if applicable)

Title

Date