



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

**Minnesota Intrastate Vision 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 [check 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:

Visual Medical Condition Information Required

Attach a letter from a qualified optometrist or ophthalmologist which:

- (1.) Identifies the visual deficiency and defines it
- (2.) Certifies that your vision has not worsened since the last vision test for your driver’s license insurance/renewal
- (3.) Certifies that your visual acuity is at least 20/40 (Snellen), corrected or uncorrected, in the better eye
- (4.) Certifies that you have visual field of 105 degrees or greater in the horizontal diameter with either one usable eye or with both eyes and
- (5.) Certifies his/her opinion that you can safely perform the driving tasks required to operate a motor vehicle. ***The letter must appear on the stationery of the clinic.***

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
- Optometrist or Ophthalmologist letter with all five of the items described above

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 and/or passengers.

Driver Applicant

Date

Carrier Official

Title

Date