

CDL DRIVER'S SELF-CERTIFICATION

Email To: DriverRecords.hwytv@hawaii.gov

From: _____ Date: _____

Name (Last): _____ (First): _____ (Middle): _____

CDL Number: **H** _ _ _ _ _ Date of Birth: _____ Phone#: _____

Select the type of driving you expect to perform. For an explanation of each type of driving operation, visit:

<http://hidot.hawaii.gov/highways/library/motor-vehicle-safety-office/medical-certification/>

Please check off one of the following:

- | | |
|--|--|
| <input type="checkbox"/> Non-excepted interstate | <input type="checkbox"/> Non-excepted intrastate |
| <input type="checkbox"/> Excepted interstate | <input type="checkbox"/> Excepted intrastate |

CDL Driver's signature

Submit a copy of your one-page Medical Examiner's Certificate (Form MCSA-5876) as a separate sheet. Please do not reduce or shrink the full-page form.

You may also submit your Self-Certification and Medical Certification in any of the following ways:

- Fax 808-587-6303;
- Mail to:
DOT - Motor Vehicle Safety Office
98-339 Ponoana Pl.
Aiea, HI 96701

Or,

- Take it to your local CDL office.

If you have questions, call 808-692-7656 or 808-692-7658.