

## CDL DRIVER'S SELF-CERTIFICATION

Oahu Email to: CDLMedical@honolulu.gov

Hawaii/Kauai/Maui 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.

In addition to the email address at the top of the page, you may submit your Self-Certification and Medical Certification by:

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

Or,

- Take it to your local CDL office.

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