AUTHORITY: MCL 480.13;
COMPLIANCE: Voluntary; however, failure to complete this form will result in inability to obtain a medical waiver.

(Joint Application - Company and Driver)

APPLICATION FOR INTRASTATE MEDICAL WAIVER

Pursuant to MCL 480.13, this application may be used to apply for a waiver from the medical requirements of the Motor Carrier Safety Act of 1963 for a driver who is not physically qualified to drive under 49 CFR 391.41. An incomplete application may result in processing delays. Providing false or misleading information will result in the denial of a waiver.

Instructions

The following items must be submitted:

1. Not less than two medical examination reports performed in accordance with 49 CFR 391.43 within the preceding 60 days of the date of this application. The medical examination reports shall include the medical examiner's opinion concerning the applicant's ability to safely operate the type of vehicle the applicant intends to drive.
    a. One Medical Examination Report for Commercial Driver Medical Certification (Form MCSA-5875) completed by a medical examiner listed in the National Registry of Certified Medical Examiners.
    b. An additional medical statement of examination form, the Physician's Statement of Examination (MC-028), may be required based on the disqualification(s)
2. A copy of the applicant's official driving record from the Secretary of State.
3. A copy of the driver's application for employment (initial applications only).
4. A copy of the traffic crash report for any traffic crashes listed on the applicant's official driving record within the previous five years.

It is the employer's responsibility to evaluate the driver for non-driving, safety-related job tasks associated with the type of trailer(s) used, as well as any other non-driving safety or job-related tasks unique to the operations of the employer.

Except as provided in 49 CFR Part 391, Subpart G, a person shall not drive a commercial motor vehicle unless they have first successfully completed a road test and has been issued a certificate of the driver's road test in accordance with 49 CFR 391.31.

Applications may be submitted by email to MSP-CVEDmedwaiver@michigan.gov or mailed to:

Michigan State Police
Commercial Vehicle Enforcement Division
Medical Waiver Unit
P.O. Box 30634
Lansing, Michigan 48909-0634

Questions regarding this form should be directed to the Medical Waiver Unit at 517-284-3250.

I. Employer and Driver Information

Employer's Company Name		Phone Number	USDOT Number
Employer's Mailing Address	City	State	ZIP Code
Employer's Email Address			
Driver's Name (Last, First, Middle)		Phone Number	Date of Birth
Driver's Mailing Address	City	State	ZIP Code
Driver's License Number			

II. Driving Conditions

List Disqualifying Condition(s) in Order of Importance (Reason for Waiver)

First Condition | Second Condition | Third Condition | If other, please specify

Vehicle Information

Power Unit	Trailer	Transmission	Brakes	Steering	Trailer/Cargo Body
☐ Truck	☐ Semi	☐ Automatic	☐ Air	☐ Manual	
☐ Truck-Tractor	☐ Doubles	☐ Manual	☐ Hydraulic	☐ Power	GVW/CGVWR
☐ Bus	☐ Full				
☐ Van					

Describe the Necessary Vehicle Modifications (Attach photo at end of form, if necessary)

Geographic Areas of Operation by Frequency of Operation

First Area of Operation | Second Area of Operation | Third Area of Operation | Maximum Daily Mileage

Type of Roads

☐ X-Way ☐ State Highways ☐ City Streets ☐ County Roads

On-Duty Driving

☐ Daylight ☐ Darkness

Commodities / Cargo to be Transported

Years of Experience Driving Vehicle Described Above	**Driver's Duties in Loading, Unloading, and Securement of Cargo**
Years of Experience Operating Commercial Vehicles	

III. Agreement and Certification

If this waiver is granted, we agree to the following conditions:
1. Applicant will only drive in the state of Michigan.
2. Applicant will not transport any interstate commodities.
3. Waiver is valid only while the applicant is employed by the employer listed above.
4. Employer will promptly file such reports as required by the Michigan State Police.

We hereby certify the following:
1. The applicant is otherwise qualified to drive a motor vehicle under provisions of 49 CFR Part 391.
2. The above information is true.

Company Official (Printed Name)	Title
Signature	Date
Driver (Printed Name)	
Signature	Date