



**THIS FORM IS ACCEPTED IN-PERSON AT A CSC ONLY.**

**COMMERCIAL DRIVER SELF-CERTIFICATION FORM**

DRIVER LICENSE NUMBER	DATE OF BIRTH (MM/DD/YYYY)
APPLICANTS NAME (Last, First, MI)	
ADDRESS	
CITY, STATE, ZIP CODE	
AREA CODE/ TELEPHONE NUMBER	EMAIL ADDRESS:
HOME (        ) _____ OTHER (        ) _____	

**FMCSA CERTIFICATIONS (INITIAL BESIDE APPLICABLE STATEMENT) - See Self-Certification Guidelines**

Self-Certification Categories A-D (Initial Only One)	A. _____	<b>Non-Excepted Interstate</b> - I certify that I will operate or expect to operate in interstate or foreign commerce, that I am subject to and meet the FMCSA driver qualification requirements under 49 CFR part 391, and I am required to obtain a medical examiner's certificate. I also certify that I do not have an impairment of an arm, foot, or leg that interferes with the normal tasks associated with the operation of a CMV. (Medical Certificate needed)
A, B – Medical Certificate needed.	B. _____	<b>Non-Excepted Intrastate</b> - I certify that I will operate entirely in intra state commerce only and that I meet the FMCSA driver qualification requirements as defined in 49 CFR 391. I also certify that I do not have an impairment of an arm, foot, or leg that interferes with the normal tasks associated with the operation of a CMV.(Medical Certificate needed)
C, D – Medical Certificate NOT needed.	C. _____	<b>Excepted Interstate</b> - I certify that I will operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted under 49 CFR §§390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391, and I am therefore not required to obtain a medical examiner's certificate. (Medical Certificate not needed)
	D. _____	<b>Excepted Intrastate</b> - I certify that I will operate in city, county, state, or federal vehicle only, and I am exempt from the FMCSA driver qualification requirements of 49 CFR 390.3(f). (Medical Certificate not needed)
Licenses, Disqualifications, and Withdrawals	_____	I certify that I am not subject to any disqualification defined in 49 CFR §383.51or any license suspension, revocation, or cancellation pursuant to the laws of any State.
Initial, if Transfer From Another State or First Issuance	_____	I certify that I do not have a driver's license from more than one State or jurisdiction.

**REQUIRED ACKNOWLEDGEMENT AND SIGNATURES (INITIAL BESIDE ALL STATEMENTS)**

\_\_\_\_\_ Under penalty of law, I swear or affirm that I am a resident of the State of Georgia or that I qualify for a Nonresident CDL, and the information provided on this application is true and correct. I understand that it is illegal to make false, fictitious, or fraudulent statements on this application. I grant permission to the Department of Driver Services (DDS) to verify information furnished to the Department through the release of any and all applicant information to third parties which shall include, but not be limited to the U.S. Department of Homeland Security, the Federal Motor Carrier Safety Administration or other public or private entities wherein such disclosure of the information by the Department is not prohibited by law.

\_\_\_\_\_ I understand that the DDS will check my driving record through available national databases, including, but not limited to, the Commercial Driver License Information System (CDLIS), for the purpose of determining my eligibility for issuance of the requested licenses or permits.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Document Type:	When Must I Update It?	Mail To:	Fax To:	Online At:	In-Person:
		DDS Attn: RM-CDL P.O. Box 80447 Conyers, GA 30013  <i>Individual and multiple customer submissions</i>	(770)918-6271  <i>Individual customers only</i>	<a href="http://www.dds.ga.gov">www.dds.ga.gov</a>  Create an online account to upload documents.	At your nearest DDS Customer Service Center  <i>Visit <a href="http://www.dds.ga.gov">www.dds.ga.gov</a> to find the center nearest you.</i>
Self-Certification	Update <b>ONLY</b> if you have a change in driving status	NO	NO	NO	YES
Valid Medical Certificate and/or Medical Variance	Prior to the document's expiration date	YES	YES	YES	YES

If you have any additional questions regarding this matter please feel free to contact the DDS' Customer Contact Center at (678) 413-8400.