



TEXAS COMMERCIAL DRIVER LICENSE APPLICATION INTRASTATE DRIVER CERTIFICATION

NOTICE: All information on this application must be in INK.

In order to obtain a Commercial Driver License (CDL), which authorizes the operation of a commercial motor vehicle in intrastate commerce, you must certify to and meet the qualifications from Federal Rule 49 C.F.R., Part 391/390, and Texas Transportation Code, Chapter 522. If you meet these requirements, certify to Section A, B, or C below.

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH (mm/dd/yyyy) _____ DRIVER LICENSE NUMBER _____

SOCIAL SECURITY NUMBER _____

WHAT IS INTRASTATE COMMERCE?

- Transportation of property (a commodity) where the point of origin and destination are totally within one state and no state line or international boundary is crossed. The driver does not cross state lines or international boundaries when operating a commercial vehicle.
- The Bill of Lading will be an indicator as to whether a shipment or commodity is interstate or intrastate. Transporting cargo that always came from and stays within the state of Texas is considered intrastate cargo.
- If there is no Bill of Lading, the origin and destination of the shipment will be an indicator.

Examples include, but are not limited to:

- School bus drivers who only transport passengers within Texas.
- Drivers who only transport and deliver goods to and originate from Texas addresses.

INSTRUCTIONS

- Read each section carefully and certify only to the one section that applies to you. You may not certify to more than one section.
- If you certify to this form, you will have a restriction placed on your CDL, restricting you to intrastate commerce only.
- If you certify to Section A, you must choose option A or B.
- If you certify to Section B, you must provide a valid medical certificate.
- If you certify to Section C, you may choose one or both options, however the appropriate restriction(s) will be placed on your CDL.

CERTIFICATION

I certify that I:

- a. Am at least 18 years of age, and
- b. Am not disqualified to drive a motor vehicle in any state

SECTION A. I FURTHER CERTIFY THAT I: (CHECK THE APPROPRIATE BOX IF APPLICABLE)

YES NO

- a. Am a driver who operates a commercial motor vehicle in intrastate commerce, not transporting property requiring a hazardous materials placard, and was regularly employed operating a commercial motor vehicle in Texas prior to August 28, 1989 and am not required to meet the medical standards set forth in the federal Motor Carrier Safety Regulations, **OR**
- b. Am a driver who operates a commercial motor vehicle in intrastate commerce, not transporting property requiring a hazardous materials placard, and was regularly employed operating a commercial motor vehicle in Texas prior to August 28, 1989. While I am not required to meet the medical standards set forth in the federal Motor Carrier Safety Regulations, I am seeking to obtain or maintain employment as a school bus driver, and therefore I understand that I must undergo and pass an annual physical examination as required by Texas Transportation Code Section 521.022. I further understand that I am required to keep a current medical examiner's certificate with me at all times while operating a school bus.

IF YOU HAVE SELECTED YES FOR SECTION A, YOU MEET THE FEDERAL SELF-CERTIFICATION CATEGORY 4, EXCEPTED INTRASTATE (49 C.F.R. PART 383.71(b)(1)(iv)). A MEDICAL EXAMINER'S CERTIFICATE IS NOT REQUIRED TO BE PRESENTED FOR THE ISSUANCE OF THIS CDL.

I CERTIFY THAT I OPERATE OR EXPECT TO OPERATE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE COMMERCE ONLY. I ENGAGE OR WILL ENGAGE EXCLUSIVELY IN TRANSPORTATION OR OPERATIONS THAT EXEMPT ME FROM BEING REQUIRED TO MEET THE MEDICAL STANDARDS OF 49 C.F.R. PART 391. I FURTHER CERTIFY THAT I HAVE READ, UNDERSTAND, AND MEET THE PRECEDING QUALIFICATIONS.

APPLICANT'S SIGNATURE

DATE

SECTION B. OR, I FURTHER CERTIFY THAT I Meet the physical qualifications of 49 CFR, Part 391, because I: (check all boxes that apply)

1. Do not have a loss of a foot, a leg, a hand, or an arm, or have been granted a Texas waiver;
2. Do not have an impairment of:
 - i. A hand or finger which interferes with prehension or power grasping; or
 - ii. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or have been granted a waiver;
3. Do not have an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
4. Do not have a current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
5. Do not have an established medical record history or clinical diagnosis of a respiratory dysfunction likely to interfere with my ability to control and drive a motor vehicle safely;
6. Do not have a current clinical diagnosis of high blood pressure likely to interfere with my ability to operate a motor vehicle safely;
7. Do not have an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with my ability to control and operate a motor vehicle safely;
8. Do not have an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle;
9. Do not have a mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with my ability to drive a motor vehicle safely;
10. Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber; or have been granted a Texas waiver;
11. First perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, do not have an average hearing loss in the better ear greater than 40 decibels at 55 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951;
12. Do not use a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit forming drug; and
13. Do not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in §382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle;
14. Do not have a current clinical diagnosis of alcoholism.

IF YOU HAVE CHECKED ALL THE BOXES ABOVE, THIS IDENTIFIES THAT YOU MEET THE FEDERAL SELF-CERTIFICATION CATEGORY 3, NON-EXCEPTED INTRASTATE (49 C.F.R. PART 383.71(b)(1)(iii)). A MEDICAL EXAMINER'S CERTIFICATE IS REQUIRED TO BE PRESENTED FOR THE ISSUANCE OF THIS CDL.

I CERTIFY THAT I OPERATE OR EXPECT TO OPERATE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE COMMERCE ONLY. I ENGAGE OR WILL ENGAGE EXCLUSIVELY IN TRANSPORTATION OR OPERATIONS AND I AM SUBJECT TO THE PHYSICAL QUALIFICATIONS OF 49 C.F.R. PART 391. I FURTHER CERTIFY THAT I HAVE READ, UNDERSTAND, AND MEET THE PRECEDING QUALIFICATIONS.

APPLICANT'S SIGNATURE

DATE

SECTION C. OR, I FURTHER CERTIFY THAT I: (CHECK THE APPROPRIATE BOX(ES) IF APPLICABLE)

YES NO Am exempt from the physical provisions of 49 CFR, Part 391/390 as I will operate a commercial motor vehicle only in the following capacity.

1. The operation of a vehicle operated intrastate and used in oil or water well servicing or oil or water well drilling and which is constructed as a machine consisting, in general, of a mast, an engine for power, a draw works, and a chassis permanently constructed or assembled for such purpose.
2. The operation of a mobile crane that is an unladen self-propelled vehicle constructed as a machine used to raise, shift, or lower weights.

IF YOU HAVE SELECTED YES FOR SECTION C, YOU MEET THE FEDERAL SELF-CERTIFICATION CATEGORY 4, EXCEPTED INTRASTATE (49 C.F.R. PART 383.71(b)(1)(iv)). A MEDICAL EXAMINER'S CERTIFICATE IS NOT REQUIRED TO BE PRESENTED FOR THE ISSUANCE OF THIS CDL.

I CERTIFY THAT I OPERATE OR EXPECT TO OPERATE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE COMMERCE ONLY. I ENGAGE OR WILL ENGAGE EXCLUSIVELY IN TRANSPORTATION OR OPERATIONS THAT EXEMPT ME FROM BEING REQUIRED TO MEET THE MEDICAL STANDARDS OF 49 C.F.R. PART 391. I FURTHER CERTIFY THAT I HAVE READ, UNDERSTAND, AND MEET THE PRECEDING QUALIFICATIONS.

APPLICANT'S SIGNATURE

DATE

Sworn to and subscribed before me on this the _____ day of _____, _____

Notary Public or Authorized Officer

FOR DEPARTMENT USE ONLY

Intrastate restriction must be placed on the license.

Section C, Box 1 requires P25 – if cmv, use in oil/water well serv/drill

Section C, Box 2 requires P26 – if cmv, for operation of mobile crane

Class A - Texas Commercial Rules, General Knowledge, Combination, Air-brake (if applicable), Pre-trip, and any necessary endorsement exams.

Class B - Texas Commercial Rules, General Knowledge, Air-brake (if applicable), Pre-trip, and any necessary endorsement exams.

Skills exams required: Yes

Optional Y – Valid Texas vision or limb waiver required

Medical Examiner's certificate is required if Section B is selected.

Class C - General Knowledge and any necessary endorsement exams.