



# STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

60 STATE STREET WETHERSFIELD, CONNECTICUT 06161-1013  
On The Web At [ct.gov/dmv](http://ct.gov/dmv)



## STATE MEDICAL WAIVER APPLICATION

### PART 1 APPLICANT INFORMATION

APPLICANT'S NAME <i>(Last)</i> <i>(First)</i> <i>(Initial)</i>	APPLICATION TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	TYPE OF VARIANCE <input type="checkbox"/> DIABETES <input type="checkbox"/> LIMB
ADDRESS <i>(Number and Street)</i>	OPERATOR LICENSE NUMBER	<input type="checkbox"/> VISION <input type="checkbox"/> OTHER
<i>(City/Town)</i> <i>(State)</i> <i>(Zip Code)</i>	DATE OF BIRTH	TELEPHONE NUMBER

#### EXPERIENCE: NUMBER OF YEARS DRIVING EACH TYPE OF VEHICLE

\_\_\_\_\_ BUSES  \_\_\_\_\_ STRAIGHT TRUCKS  \_\_\_\_\_ TRACTOR-TRAILER COMBINATIONS  \_\_\_\_\_ OTHER

### PART 2 MOTOR CARRIER/CO-APPLICANT INFORMATION

UNEMPLOYED (SKIP TO SECTION 3)

MOTOR CARRIER'S NAME	U.S. DOT NUMBER
ADDRESS <i>(Number and Street)</i>	CONTACT PERSON <i>(Print)</i>
<i>(City/Town)</i> <i>(State)</i> <i>(Zip Code)</i>	TELEPHONE NUMBER

### PART 3 TYPE OF OPERATION IN CONNECTICUT ( MUST BE COMPLETED IN ITS ENTIRETY)

DESCRIPTION OF VEHICLES APPLICANT WILL OPERATE IN CONNECTICUT:

AVERAGE PERIOD OF TIME APPLICANT WILL BE DRIVING AND/OR ON DUTY, PER DAY	TYPE OF COMMODITIES OR CARGO TO BE TRANSPORTED
--	--

#### FOR PASSENGER-CARRYING VEHICLE(S), SEATING CAPACITY OF VEHICLE(S):

#### TYPE OF BRAKE SYSTEM:

TRANSMISSION TYPE  
 AUTOMATIC  MANUAL, NUMBER OF SPEEDS \_\_\_\_\_

AUXILIARY TRANSMISSION  NO  YES

IF YES, NUMBER OF FORWARD SPEEDS \_\_\_\_\_

#### REAR AXLE

SINGLE SPEED  TWO SPEED  THREE SPEED

#### STEERING

MANUAL  POWER ASSISTED

#### DESCRIPTION OF TYPE(S) OF TRAILER(S)

CARGO TANK  DROP FRAME  FLATBED  LOWBOY  POLE  VAN  OTHER

### PART 4. CERTIFICATION

**MOTOR CARRIER'S AUTHORIZED AGENT'S CERTIFICATION:** I hereby certify that the above applicant is qualified under the Federal Motor Carrier Safety regulations, Part 391, and in accordance with the Connecticut General Statutes, the Regulations of Connecticut State Agencies, and the standards and procedures adopted by the Department of Motor Vehicles.

NAME AND TITLE OF MOTOR CARRIER'S AUTHORIZED AGENT *(Print)*

SIGNATURE <b>X</b>	DATE
-----------------------	------

**APPLICANT'S CERTIFICATION:** I hereby certify that I am qualified under the Federal Motor Carrier Safety regulations, Part 391, Qualifications of Drivers, and in accordance with the Connecticut General Statutes, the Regulations of Connecticut State Agencies, and the standards and procedures adopted by the Department of Motor Vehicles.

APPLICANT'S SIGNATURE <b>X</b>	DATE
-----------------------------------	------

MAIL TO: Department of Motor Vehicles, Driver Services Division, 60 State Street, Wethersfield, CT 06161-1013