

# CDL WAIVER COVER SHEET

ATTENTION: THIS PAGE MUST BE COMPLETED AND INCLUDED WITH ANY WAIVER DOCUMENTS THAT ARE SUBMITTED

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE NO. \_\_\_\_\_

CIRCLE TYPE OF WAIVER: **DIABETES**      **VISION**      **LIMB**

MAIL OR FAX INFORMATION:

MEDICAL REVIEW UNIT  
3112 MAIL SERVICE CENTER  
RALEIGH, NC 27697  
FAX NO: (919) 733-9569

## IMPORTANT!!!

**PLEASE INCLUDE THIS PAGE WITH YOUR COMPLETED FORMS WHEN FAXING OR MAILING WAIVER DOCUMENTATION TO DMV.**