

North Carolina Division of Motor Vehicles

CDL Waiver Program

Commercial Driver's License Limb Waiver Application

Name of the Driver (Printed)		Driver's License Number	Date of Birth	Date
Address	City	State	Zip Code	Area Code and Phone Number

I, the undersigned driver, am applying for a waiver from the qualifications of 49 CFR Sec. 391.41(b)(1) or (b)(2)(i) or (b)(ii), noted below.

(b) A person is physically qualified to drive a commercial motor vehicle if that person—

- 1) ***Has no loss of a foot, a leg, a hand, or an arm, or has been granted a waiver pursuant to Sec.391.49 (limb waiver provision);***
- 2) ***Has no impairment of :***
 - i) ***A hand of finger which interferes with prehension or power grasping; or power grasping; or***
 - ii) ***An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks operating a commercial motor vehicle; or has been granted a waiver pursuant to Sec. 391.49.***

My limb impairment or loss is as follows: _____

I, the undersigned, hereby authorize Dr. _____ to give any examination deemed necessary to assess my limb deformity, impairment or amputation and its impact on the safe operation of a commercial motor vehicle. I also authorize this physician and any other physicians, health care providers, hospitals and clinics involved in my care to release to the Division of Motor Vehicles or its representatives any information concerning my condition. I do hereby release, waive, and relinquish all claims against the Division of Motor Vehicles, its agents and employees, for any cause whatsoever arising out of this release of said medical information.

Date _____ Signature of the Applicant _____

Instructions to the Driver: This page contains your instructions for completing the waiver application. Complete all of the steps below before mailing it to DMV. An incomplete application will not be processed. Any missing or incomplete information will therefore delay processing of your application until all parts of the application are fully completed and received by DMV.

- 1) Provide a copy of a valid DOT physical certifying that you are otherwise physically qualified to drive a commercial motor vehicle.
- 2) Sign the above consent for examination and release of medical information.
- 3) Have an examination by an orthopedics or rehabilitation medicine physician to evaluate your limb impairment and its affect on the safe operation of commercial motor vehicles.
- 4) You or your employer must complete the Vehicle and Driving Conditions Report enclosed with these forms. This report should reflect any circumstances in which you expect to be driving, and include information about all types of vehicles that you may be driving. If you are not currently employed, please indicate on the form.
- 5) At the time of and during your examination you must do the following:
 - a) Describe to your doctor any prostheses, assistive devices, restrictions, vehicle modifications, or compensatory strategies you use for driving.
 - b) Review the Vehicle and Driving Conditions Report with your physician.
 - c) After your examination, be sure your doctor completes the Limb Medical Report.

North Carolina Division of Motor Vehicles
 CDL Limb Waiver Program
PHYSICIAN'S REPORT

Name of the Driver	Date of Birth	Driver's License Number
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Description of limb amputation deformity or impairment.

Medical condition that resulted in the above limb problem.

Functional limitations caused by the limb problem (without prostheses, vehicle modifications, etc.) and the adverse affect on the operation of a commercial vehicle.

Prostheses, assistive devices, restrictions, vehicle modifications, or compensatory strategies currently being used by the driver.

How the above aids compensate for the adverse impact of the impairment and whether the impairment is fully compensated.

Any recommendations for additional aids necessary to enable the driver to safely operate a commercial vehicle. (For example, power steering or brakes, automatic transmission, wheel knob, grasping hook, electric signals, or an altered or different prosthesis.

Stability or progression of the impairment expected over the next two years.

Other conditions of which you are aware, that might contribute to increased driving risk.

1.	I am board certified or board eligible in orthopedics or rehabilitation medicine. (Circle the appropriate status and specialty.)
2.	I have reviewed the Vehicle and Driving Conditions Report, and understand the type of vehicle driving conditions, and non-driving job tasks the driver will be required to perform.
3.	The information available to me at the time of this exam is sufficient to determine the physical ability of the driver to operate a commercial vehicle with the current impairment with appropriate prostheses, vehicle modifications, or restrictions.

Printed Name and License Number	Signature	Date
Address	City	State
	Zip Code	Area Code and Number

**North Carolina Division of Motor Vehicles
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Vehicle and Driving Conditions Report

Status of the driver	Applied/accepted to truck driving school	Currently enrolled student in truck driving school						
	Unemployed	Hired pending exemption	Currently employed					
Employer _____ Address _____ City _____ State _____ Zip Code _____ Area Code and Number _____								
Name of the Driver _____ Date of Birth _____ License Number _____								
FORM COMPLETED BY								
Printed Name _____		Signature _____	Date Completed _____					
If the driver operates more than one type of vehicle, check all that apply.								
TRUCK	Gross Vehicular Weight		Drive Train Information	Number of axles				
				Number of manual forward speeds				
				Number of auxiliary forward speeds				
				Number of rear axle transmission forward speeds				
				Transmission type: Manual	Automatic			
				Powered	Airbrakes			
	Braking	Manual	Powered					
	Steering	Manual	Powered					
For passenger vehicles, seating capacity:								
TRAILER(S)	Gross Vehicular Weight		Number towed at one time	1	2	3	Van	Flatbed
							Bin	Tanker
							Pole	Other
MODIFICATIONS MADE FOR THE DRIVER (if applicable)		(include relevant photographs)						
TIME AND DISTANCE			Round trip distance	Hours per 7 day week	Hours per 24 hour day	Daylight hours per week	Nighttime hours per week	
		Average						
		Maximum						
TRAFFIC AND ROAD CONDITIONS			Secondary roads		Rural			
			Interstate highway		Urban			
TRANSPORTED CARGO		List _____						
NON-DRIVING ACTIVITIES		Hitching and unhitching		Loading and unloading				
		Covering or tying down		Filling or emptying tankers				
		Other (describe) _____						
TYPE OF DRIVER OPERATION		Relay						
		Single driver						
		Sleeper team						
		Owner-operator						
		Non-driving individuals accompanying the driver						
Number of years of driving experience:		Total years driving experience						
		Number driving the vehicle described above						

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: **DIABETIC** **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.