



Tennessee Department of Safety and Homeland Security Commercial Driver License Division

CDL Holder Self-Certification Affidavit

In order to comply with 49 C.F.R. §383.71 and 49 C.F.R. §383.73, the Tennessee Department of Safety and Homeland Security requires all commercial driver license holders to certify the type of driving they engage in and provide a copy of their medical examiner's certificate (form 5876) to the Department.

NAME OF DRIVER: _____ CDL (Driver License Number) _____

INITIAL BELOW(choose only 1): IMPORTANT-All Applicants must certify to Item 1, 2, 3, or 4 whichever is applicable.

_____ 1. **Non-excepted Interstate** - I certify that I operate or expect to operate in **interstate** commerce, and meet the qualification requirements under Title 49, Code of Federal Regulations, (C.F.R) Part 391, operating in interstate commerce and **I am required to obtain a medical examiner's certificate** by §391.45 of this chapter;

_____ 2. **Excepted Interstate**- I certify that I operate or expect to operate in **interstate** commerce, but engage exclusively in transportation or operations excepted under Title 49 C.F.R. §390.3 (f), §391.2, §391.68, or §398.3 from all parts of the qualification requirements of Title 49 C.F.R. part 391, and **therefore I am not required to obtain a medical examiner's certificate** by Title 49 C.F.R. §391.45 of this chapter;

_____ 3. **Non-Excepted Intrastate** - I certify that I operate or expect to operate **only in intrastate commerce**, and I am subject to the State of Tennessee driver qualification requirements for operating a commercial vehicle.

_____ 4. **Excepted Interstate** – I certify that I operate in intrastate commerce, **but engage exclusively in transportation or operations excepted from all or parts** of the State of Tennessee's driver qualification requirements for operating a commercial vehicle per Tennessee Comprehensive Rules and Regulations, 1340-1-13 (2008). **I further certify that I am not required to have the Passenger, School bus, or Hazardous Materials endorsement.**

I hereby certify under penalty of perjury that the information provided in this affidavit is correct and true to the best of my knowledge. I understand that supplying false information may result in the suspension of my driving privilege and may subject me to prosecution under state law (see TCA §55-50-601 et seq.). My signature below represents consent to release my driving record information.

Driver Signature _____ **Date** _____

Please send this affidavit along with a copy of your medical examiner's certificate (form 5876) to the Tennessee Department of Safety and Homeland Security, CDL Division, 1148 Foster Avenue, Nashville TN, 37243 or you may email it di.cdl.medcert@tn.gov. You may also upload your documents at <http://cdltn.zendesk.com>. Please also include any applicable waivers.