Commercial Driver Licensee
Medical Self-Certification Affidavit (Please Print)

Name of Driver: _____

South Dakota Driver License Number: _____

The information on this form is also included on the driver license application form. This form is only required if you are reporting your "medical self-certification" and do not need a driver license issued (or if you are reporting your medical status for the first time or have had a change of medical certification status).

Are you submitting a copy of your medical certificate? YES NO (Please circle yes or no)

Note: Only Class A, B, or C drivers that check the first and fourth self-certification box below must submit a copy of their medical certificate; however all Class A, B, or C drivers must submit this affidavit.

Please check only one of the following Self-Certification categories that apply to you.

I certify my commercial transportation is:

☐ **Non-excepted Interstate.** Interstate and subject to 49 CFR part 391. (Medical certificate and affidavit must be submitted).

☐ **Excepted Interstate.** Interstate, but operating exclusively in transportation or operations excepted under 49 CFR 390.3 (f), 391.2, 391.68, or 398.3. (Only the affidavit must be submitted).

☐ **Excepted Intrastate.** Intrastate, but operating exclusively in transportation or operations excepted from all or part of the State driver qualification requirements. (Only the affidavit must be submitted).

☐ **Non-excepted Intrastate.** Intrastate and subject to State driver qualification requirements (school bus drivers - medical certificate and affidavit must be submitted).
Please Note: If you have a school bus endorsement but no longer have a medical certificate you must be issued a new commercial driver license without the school bus endorsement. To do this, a completed application, required documentation, and applicable fee must be presented at a driver license exam station.

_____ _____
Driver's Signature Date

I declare and affirm under the penalties of perjury (2 years imprisonment and $4,000 fine) that this affidavit has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Any false statement or concealment of any material facts subjects any license to immediate cancellation.

Please mail, fax, or email the medical certificate (if applicable) and the Self-Certification affidavit to:

Driver Licensing
118 West Capitol Avenue
Pierre, SD 57501

Fax to 605-773-3018

Email to DPSCDLMedCert@state.sd.us