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).

_____ _____

Driver's Signature Date

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