

Self-Certification Affidavit (please print)

Name of Driver: _____

North Dakota Driver License Number: _____

Driver's Phone Number: _____

Note: Only Class A, B, or C drivers that check the **first** (Category 1) self-certification box below must submit a copy of their medical certificate with this affidavit. Category 2, 3, and 4 drivers only need to submit the affidavit.

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

I certify my commercial transportation is:

- Category 1.** Interstate and subject to 49 CFR part 391. *(a copy of the medical certificate and this affidavit needs to be mailed, faxed, or emailed)*
- Category 2.** 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 needs to be mailed, faxed, or emailed)*
- Category 3.** Intrastate and subject to State driver qualification requirements. *(only the affidavit needs to be mailed, faxed, or emailed)*
- Category 4.** Intrastate, but operating exclusively in transportation or operations excepted from all or part of the State driver qualification requirements. *(only the affidavit needs to be mailed, faxed, or emailed)*

Driver's Signature

Date

Mail, fax, or email to:

Driver License Division
608 East Boulevard Avenue
Bismarck, ND 58505-0750

or

Fax to 701-328-0308

or

Email with a PDF attachment to dotmedcerts@nd.gov

Note: if more than one driver, use a separate PDF for each driver.