

Self-Certification Affidavit (please print)

Name: _____

ND Driver License Number: _____

Phone Number: _____

Email Address: _____

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.

NOTE:: If you are changing your self-certification category, you must visit a Driver License Office to purchase a new license.

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.

_____ **Category 2.** Interstate, but operating exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3.

_____ **Category 3.** Intrastate, and subject to State driver qualification requirements.

_____ **Category 4.** Intrastate, but operating exclusively in transportation or operations excepted from all or part of the State driver qualification requirements.

Driver Signature

Date

Submit your medical card:

By Email: dotmedcerts@nd.gov (PDF or JPG attachments only)

By Fax: (701) 328-0308

Mail: Driver License Division
608 E Boulevard Avenue
Bismarck, ND 58505-0750

Note: If emailing or faxing more than one driver, use a separate fax or PDF for each driver.