

Hearing Exemption Application

1. Driver Information

Name (First, Middle Initial, Last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address, if different from above: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Mobile number: _____

Fax number: _____

Email address: _____

Sex (check one): _____ Male _____ Female

Date of Birth (MM/DD/YYYY): _____

2. Current Employment

Employer's Name: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Employer's Telephone number: _____

Do you currently drive for this employer? _____ YES _____ NO

3. Statement of Qualification

By signing below, I hereby certify that the following statement is true: "I acknowledge that I must be otherwise qualified under 49 C.F.R. 391.41(b)(1-13) or hold a valid medical exemption before I can legally operate a CMB in interstate commerce."

Signature: _____

Date: _____

Do you have any waivers, exemptions or Skill Performance Evaluation certificates? (check one)

_____ YES _____ NO

If yes, list each, including date of issue, date of expiration, and identification number.

Name	Issue Date	Expiration Date	ID #

4. Drivers License and Motor Vehicle Record

Please attach a readable copy of both sides of your current VALID driver’s license. You must include your driving record, furnished by an official state agency on its letterhead, bearing the state seal or official stamp. No other documentation will be accepted. This request is to verify that you have a valid license and will not be used for any other purpose.

5. Driving Experience

Please describe your experience as a commercial driver:

6. Audiogram

Please attach a copy of your most recent audiogram.

7. Certification

I hereby submit an application for an exemption from the hearing requirement obtained in the Physical Qualification Standards to allow me to operate commercial Motor Vehicles in interstate commerce.

Signature: _____

Date: _____