## STATE OF ALASKA DIVISION OF MOTOR VEHICLES

413

## **COMMERCIAL DRIVER MEDICAL & SELF CERTIFYING VERIFICATION**

THIS SECTION MUST BE COMPLETED IN FULL BY THE APPLICANT. MUST BE COMPLETED IN BLACK OR BLUE INK.

FULL LEGAL NAME:	Mnarew	Pa	atrick		Bartsor	1	Suffix
	nse / permit / ID number, if applicable.	Date of Birth		E-Mail Addre	ess	Phone	
7841705 01/08/1952 cloudobserver@gmailin 707-483-5877							
1. Do you meet all the requirements contained in the federal government regulations shown on the back of this form?  List each requirement you do not meet: (Example: age 19)							
2. Are you required to have a federal or state waiver to meet the medical requirements for a Commercial Driver License?							
(Insulin, vision or skills performance evaluation certificate) If you answered YES, you must provide a copy of the waiver.  3. Are you domiciled (permanent residence) in the State of Alacka?						□YES	DINO
Are you domiciled (permanent residence) in the State of Alaska?						Ø¥ES	□NO
PLEASE CHECK THE APPROPRIATE BOX FOR THE TYPE OF OPERATION THAT APPLIES TO							
YOU. SEE THE BACK OF THIS FORM FOR GUIDANCE AND DEFINITIONS:							
X							
	NON-EXCEPTED INTERS	A type of operat	A type of operation that does not fall under the excepted types of operation				
	(Current medical certificate requ	AND only opera	AND only operates in interstate commerce (see reverse for more information).				
ш	NON-EXCEPTED INTRAS	A type of operat	A type of operation that does not fall under the excepted types of operation AND only operates in intrastate commerce (see reverse for more information).				
	(Current medical certificate requi	AND only opera					
	EXCEPTED INTERSTATE	A type of operat	A type of operation that falls under the excepted types of operation AND only operates in interstate commerce (see reverse for more information).				
-	(Medical certificate NOT requ	AND only opera					
Ш	<b>EXCEPTED INTRASTATE</b>	A type of operat	A type of operation that falls under the excepted types of operation				
(Medical certificate NOT required.)			AND only opera	AND only operates in intrastate commerce (see reverse for more information).			
IF YOU HAVE SELECTED NON-EXCEPTED INTERSTATE OR NON-EXCEPTED INTRASTATE, YOU MUST PROVIDE A CURRENT MEDICAL CERTIFICATE TO THE DMV. DMV WILL RETAIN A COPY FOR ITS RECORDS. YOU ARE STILL REQUIRED TO HAVE A CURRENT MEDICAL CERTIFICATE IN YOUR POSSESSION WHEN OPERATING A COMMERCIAL MOTOR VEHICLE.							
I have personally reviewed the information on this application and certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct. (NOTE: Making a false statement or omitting a material fact is subject to a maximum penalty of \$10,000 or 1 year imprisonment or both per AS 11.56.210 and AS 28.35.135.)							
X	Endr P. Ba	Ason			06/	68/202	4
	ature of Applicant				Date		
INSTRUCTIONS FOR SUBMITTING THIS FORM:							
If you are applying for an original, duplicate or renewal of your Commercial Driver License (CDL), please take all required forms to your local DMV.							
Waiver, Skills Performance Evaluation) in the following manner:							
<ul> <li>Mail to the address listed below;</li> <li>Scan and email to doa.dmv.cdl@alaska.gov;</li> </ul>							
<ul> <li>Deliver to your local DMV Office. A list of office locations and hours can be found on the DMV's website.</li> </ul>							
Your DMV record will be updated with your current medical information within 10 business days from the date of receipt.							
Anchorage Driver Services							
4001 Ingra Street, Suite 101							
Anchorage, AK 99503							