

Colorado State Patrol
Motor Carrier Services Branch
15075 South Golden Road
Golden, CO 80401
(303) 273-1875
www.colorado.gov/csp



Dear Applicant:

Thank you for your interest in the INTRASTATE CDL Medical Waiver Program for the State of Colorado. Please read this document and all accompanying materials carefully. The applicant is responsible for submitting all required information. Application must be either mailed or personally delivered, by appointment, to the Medical Program Waiver Program Manager.

Instructions to applicant and physician (this should be shared with your treating physician):

The medical waiver program has certain individual requirements, application requirements, and program restrictions and conditions that must be followed to. **Read the following information carefully to ensure you understand all requirements and restrictions.**

APPLICANT REQUIREMENTS

1. Individuals must currently hold a Colorado Commercial Drivers' License (CDL), or be in the process of obtaining one.
2. In the Colorado INTRASTATE Waiver program, an intrastate waiver can be considered for individuals who have failed to meet the requirements of 49 CFR 391.41 for the ONLY following conditions:
 - a. 391.(b)(1) and (b)(2)-Loss of Limb (*this condition requires a different and specific waiver application known as a Special Skills Evaluation or SPE*);
 - b. 391(b)(3)-Clinical diagnosis of diabetes mellitus currently requiring insulin for control;
 - c. 391.41(b)(10)-Visual Acuity
3. Your driving history will be obtained by the Colorado State Patrol and will be included with your application once it has been received.

A medical waiver will not be issued to persons who do not meet these requirements.

Waivers cannot be granted for multiple disqualifying conditions.

APPLICATION REQUIREMENTS

The following information is required in order for your application to be processed:

1. Applicant Information Checklist;
2. Copy of the Medical Examiners Report completed by an examiner listed on the National Registry of Medical Examiners, and a copy the Medical Examiners Certificate (card);
3. Medical waiver application forms completed by the appropriate physician; and,
4. Copy of your Driver's License-front and back

PROGRAM RESTRICTIONS

If granted, there are three (3) restrictions to the program.

1. The waiver is valid for driving a CDL-required vehicle in **INTRASTATE** commerce only.
2. The waiver is valid only while the applicant is transporting commodities **OTHER THAN** bulk hazardous materials, as defined in 49 CFR 171.8 or commodities with a hazard class identified in 49 CFR 172.504 Table 1, or subject to the “Poison by Inhalation Hazard” shipping description in 49 CFR 172.203(m)(3).
3. Certain other restrictions may be imposed based upon medical evaluations on a case-by-case basis.

PROGRAM CONDITIONS

- If a Diabetes Waiver is granted, semi-annual monitoring reports will be required as a condition to the waiver from the Federal diabetes standard of 49 CFR 391.41(b)(3). The necessary forms are available from the waiver program and the driver will be responsible for compliance.
 - A diabetes waiver will not be granted for more than two years, based upon the recommendation of the treating physician. A lesser length of time may be specified based upon the professional opinion of the treating physician.
- A vision waiver will not be granted for more than two years, based upon the recommendation of the treating physician. A lesser length of time may be specified based upon the professional opinion of the treating physician.

For in-person delivery and review, appointments are required. **Faxes and emails will not be accepted for submission.**

For additional information, questions, and to make appointments, please call 303-273-1875.

Required documents may be mailed to:

**Colorado State Patrol
Motor Carrier Safety Branch
Attn: Medical Waiver Program Manager
15075 South Golden Road
Golden, CO 80401**

Applicant Information Checklist

1. Driver Information

Name (First, Middle Initial, Last): _____

Street Address: _____

City, State and ZIP code: _____

Mailing Address, if different _____

City, State and ZIP code: _____

Phone: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Sex: Male Female

2. Drivers' License – Applicant must hold or be actively applying for a Colorado

Commercial Drivers' License (CDL) Driver License # and Class _____

Attach a LEGIBLE copy of both sides of your current VALID Colorado drivers' license.

I am applying for the following waiver type:

DIABETES

VISION

3. Statements of Qualification and Authorization (to be signed by the applicant)

I hereby certify that I am otherwise qualified under 49 CFR 391.41(b)(1-13) to operate a CDL-required vehicle in INTRASTATE commerce. *I understand and agree that any false statements made to obtain this intrastate waiver may cause the cancellation of my waiver. I further agree to abide by the restrictions, conditions, and requirements of the Colorado CDL Medical Waiver Program.*

Signature: _____ Date: _____

Print Name: _____

I further authorize the physician completing this waiver application on my behalf to discuss and release any and all medical records pertaining to its content with or to the Colorado State Patrol, Medical Waiver Program Coordinator or designee.

Signature: _____