CDL DISABILITY WAIVER OR HAZARDOUS MATERIALS VARIANCE APPLICATION

MED 30 (Rev. 10/01)

VALID IN VIRGINIA ONLY AND FOR TRANSPORTING INTRASTATE FREIGHT ONLY.

Waivers or variances are granted only for disabilities listed in 49 C.F.R. Federal Motor Carrier Safety Regulations 391.41 (1) (2) (3) (10).

Check One:	☐ **New Application**	☐ **Renewal Application**
Check One:	☐ **Waiver** *Waivers authorize you to transport general freight, only.*	☐ **Hazardous Material Variance** *Variances authorize you to transport hazardous materials and/or general freight.*

Please Print or Type

DRIVER INFORMATION

Name *Last* *First* *Middle*			Date of Birth
Sex	Driver's License Number		Daytime Telephone Number ( )
Mailing Address			
City		State	Zip Code
Description of Physical Disability	***If missing or impaired limb, complete side (2) of this form.***		

EMPLOYER INFORMATION

Company Name		Carrier SCC/ID Number or U.S. DOT Number
Authorized Representative's Name *(Please print)*	Telephone Number ( )	Fax Number ( )
Business Address		
City	State	Zip Code

EMPLOYMENT INFORMATION

Driver's Job Duties		Dates of Employment
Commodity to be transported: *Check applicable box(es.)*	☐ General Freight/Property	☐ Hazardous Materials

If driver will be transporting hazardous materials complete the following:

Type of hazardous materials	Type of freight	Years of experience hauling hazardous materials:

DRIVER AND CARRIER/COMPANY CERTIFICATION

This is to certify that the information contained in this application is correct and the applicant is otherwise qualified pursuant to the regulations with the exception of the physical disability(es) described in this application.

Driver's Signature	Date
Carrier/Company Authorized Representative's Signature	Date

PHYSICIAN CERTIFICATION

Based on my medical examination, in my opinion, this applicant is capable of operating a commercial motor vehicle.

Physician's Signature	Date

THIS FORM MUST BE ACCOMPANIED BY A COMPLETED CUSTOMER MEDICAL REPORT FORM (MED 2).

TO BE COMPLETED BY DRIVERS WITH MISSING OR IMPAIRED LIMB(S)

Please answer all questions below.

We are relying on your medical measurements and judgement for such information as asked below:

1. Does this driver have adequate MUSCLE STRENGTH to perform the tasks required?

☐ YES

☐ NO — If no, please indicate the impaired extremity.

Upper Extremity	☐	Right	☐	Left
Lower Extremity	☐	Right	☐	Left

2. Does this driver have adequate MOBILITY of the extremities and trunk to perform the tasks required?

☐ YES

☐ NO — If no, please indicate the impaired extremity.

Upper Extremity	☐	Right	☐	Left
Lower Extremity	☐	Right	☐	Left
Trunk	☐			

3. Does this driver have adequate JOINTS and TRUNK STABILITY to perform the tasks required?

☐ YES

☐ NO — If no, please indicate the impaired extremity.

Upper Extremity	☐	Right	☐	Left
Lower Extremity	☐	Right	☐	Left

4. If this driver has an upper limb impairment or is a partial hand or upper limb amputee, is he/she capable of demonstrating PRECISION PREHENSION (i.e., turning knobs, switches, etc.) and power grasp (i.e., holding and maneuvering the steering wheel) with each upper limb separately?

Right Hand	☐	YES	☐	NO
Left Hand	☐	YES	☐	NO

If no, do you recommend a surgical reconstruction to produce power grip and/or prehension?

☐ YES

☐ NO

5. If this driver is an amputee, does he/she have:

a. the APPROPRIATE TYPE OF PROSTHESIS?

☐ YES ☐ NO

b. the APPROPRIATE TYPE OF TERMINAL DEVICE?

☐ YES ☐ NO

c. If yes, does the prosthesis fit satisfactorily; is it in good operating condition?

☐ YES ☐ NO

If no to any of the above, what is your recommendation?