



**Minnesota Department of Transportation**

**Office of Freight and Commercial Vehicle Operations**

Mail Stop 420  
395 John Ireland Boulevard  
St. Paul, MN 55155-1899

Phone: 651/215-6330  
Fax: 651/366-3718

**Insulin - Dependent Diabetic  
Driver Waiver Application/Checklist**

**Instructions** complete each applicable section of this form. The office will return all incomplete applications to the applicant.

**Applicant**

Check One: ☐ New application ☐ Renewal

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City/State/Zip : \_\_\_\_\_

Telephone No.: (     ) \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female

List any other Mn/DOT waivers you have been granted \_\_\_\_\_

Have you operated a commercial vehicle with a diabetic condition controlled by insulin for a 3 year period preceding the date of application? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Employer**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone No. \_\_\_\_\_

- Type of vehicle(s) you intend to operate under the waiver (circle all that apply and list the number of years experience driving each vehicle:

Straight truck \_\_\_\_\_ yrs.

Tractor trailer combination \_\_\_\_\_ yrs.

Automobile \_\_\_\_\_ yrs.

Bus \_\_\_\_\_ yrs.

- Check the type(s) of driving you will do under the waiver:

\_\_\_\_\_ Over-the-road, straight through to destination

\_\_\_\_\_ Short relay (drive to turnaround point, exchange trucks, complete run within 10 hours)

\_\_\_\_\_ Local deliveries

\_\_\_\_\_ Long relay (same as short relay - with overnight stay)

\_\_\_\_\_ Sleeper team (Share driving with co-driver)

\_\_\_\_\_ Other (describe): \_\_\_\_\_

- How many hours will you spend driving per week? \_\_\_\_\_ daytime \_\_\_\_\_ nighttime

- Approximately how many miles will you drive each year? \_\_\_\_\_ miles

- Describe any modifications made to the vehicle you intend to drive under this waiver:

\_\_\_\_\_  
\_\_\_\_\_

- Provide a general description of the cargo you will transport: \_\_\_\_\_

\_\_\_\_\_

### **Application Checklist**

You must provide, as attachments, the following information:

- \_\_\_\_\_ A photocopy (both sides) of your current driver's license;  
\_\_\_\_\_ A copy of the "DOT" medical examination report showing that you are medically unqualified to drive unless a waiver is granted;  
\_\_\_\_\_ A medical examiner's signed statement; and  
\_\_\_\_\_ A signed Eye Care Professional's statement

**I certify that the information I provided in this application is true and correct to the best of my knowledge. Also, by signing this application, applicant recognizes and acknowledges that if the waiver is granted, it is only valid between points in Minnesota while transporting intrastate freight and passengers.**

\_\_\_\_\_  
Driver/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Carrier Official's Signature (if applicable)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date