



- ✚ Select Waiver from the Home screen
- ✚ Please enter the following information and next to continue:
 - Date of Birth
 - Driver's License Number
 - State
 - Cell Phone – If applicable
 - Email - Required
- Note:** *Please enter a valid email address in order to receive an automatic email notification that your Medical Waiver has been received.*
- ✚ If you are an existing CDL License holder, some of your information will already be displayed. Please verify the below information is correct:
 - First name, Last name, and Middle initial
- ✚ The upload date should default to today's date
- ✚ Choose a file and select open
- ✚ Select submit to complete
- ✚ You will receive a confirmation that you have submitted your Medical Waiver. Select Home to return to the Home screen.