



US Department
Of Transportation
Federal Motor Carrier
Safety Administration

1200 New Jersey Ave., SE
Washington, DC 20590

ADDENDUM TO EXEMPTION APPLICATION

Indiana Residents

It has come to our attention that Indiana does not include crashes on motor vehicle reports unless you did not have insurance at the time of the crash, or the crash resulted in a suspension of driving privileges. Therefore, you must request a search through the Indiana State Police to verify whether or not you have been involved in any crashes during your application review period. Please follow these steps to request your crash record search:

1. Send a certified check or money order (**no personal checks**) for \$25, payable to:

**LexisNexis
142 North Main Street
Martinsville, IN 46151
(866) 215-2771**

2. Enclose a copy of this addendum to the exemption application for Indiana residents.
3. Enclose a copy of the front and back sides of your Indiana driver's license or commercial driver's license.
4. Enclose a self-addressed stamped envelope.

If the Indiana State Police find you were not involved in any crashes, you must send us a copy of the document stating there was no crash involvement. If the police do find that you were involved in one or more crashes, you must send us copies of all crash reports. **Please note that you must submit crash reports for both commercial and non-commercial crashes.**



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Dear Sir/Madam:

This responds to your inquiry about exemptions from the vision standard in Federal Motor Carrier Safety Regulations. To obtain this exemption, you must be qualified under all of the other physical standards in 49 CFR 391.41 without any other waivers or exemptions.

An exemption will only be issued if granting it is likely to achieve a level of highway safety equivalent to, or greater than, the level if none were granted. The information you must submit, which is listed below, will enable us to evaluate the safety impact of any exemption. This is explained in the enclosed interim rule adopted by the Federal Highway Administration (FHWA) on December 8, 1998. Following the instructions in this letter will help you meet your requirements under the interim rule. You should consult the rule to understand the process which must be followed before an exemption can be granted.

Here is the specific information about your driving experience, driving record, and vision condition which you must submit to Federal Motor Carrier Safety Administration (FMCSA). Any misinformation or required information not submitted may result in the denial of your exemption request.

A. Vital Statistics

Name: (First name, middle initial, last name)

Address: (House number and street name, City, State, and Zip code)

Telephone number: (Area code and number)

Sex: (Male or Female)

Date of Birth: (Month, day, and year)

Age:

State driver's license number: (List all licenses held to operate a commercial motor vehicle (CMV) during the 3-year period immediately preceding the date of application.)

Driver's license expiration date:

Driver's license classification code: (If not a commercial driver's license (CDL) classification code, specify what vehicles may be operated under such code)

Driver's license date of issuance: (Month, day, year)

B. Experience

Number of years driving straight trucks:

Approximate number of miles per year driving straight trucks:

Number of years driving tractor-trailer combinations:

Approximate number of miles per year driving tractor-trailer combinations:

Number of years driving buses:

Approximate number of miles per year driving buses:

C. Present Employment

Employer's name: (If applicable)

Employer's address:

Employer's telephone number:

Type of vehicle operated and GVWR: (Straight truck, tractor-trailer combination, bus)

Commodities transported: (e.g., general freight, liquids in bulk (in cargo tanks), steel, dry-bulk, large heavy machinery, refrigerated products)

Estimated number of miles you drive per week:

Estimated number of daylight driving hours per week:

Estimated number of nighttime driving hours per week:

States in which you will drive if issued an exemption:

D. Supporting Documents

Your application must include supporting documents for each of the areas listed below, showing that:

1. You now possess a valid "intrastate" CDL or a license (non-CDL) to operate a CMV (e.g., a photostatic copy of both sides of the driver's license or certification from the State licensing agency showing the type and effective dates of your last license);
2. You operated a CMV with your vision deficiency for the 3-year period immediately preceding the date of this application, by submitting the following:
 - a. A signed statement from your present and/or past employer(s) on company letterhead. If letterhead is unavailable, you must obtain a notarized statement from the employer(s). In the event your previous employer(s) are no longer in business, or you were operating as an independent motor carrier, submit a sworn notarized statement, signed by you.
 - b. Information in the statements must indicate the company's DOT # or ICC #; if your job was driving a CMV; what type of vehicle was operated; GVWR of the vehicle; whether you drove full-time or part-time (list hours per week

driven on public highways); and the dates (month/day/year) you started and stopped driving a CMV.

- c. If you were operating as an independent motor carrier, your signed, notarized statement must indicate names, addresses, and phone numbers of customers for whom you performed transportation services through the operation of CMVs on public highways, the DOT # or ICC # of your company; dates that you performed the services, type of vehicle operated; GVWR of the vehicle; and whether the driving was part-time or full-time. Part-time driving must be explained in detail, listing number of hours per week you operated a CMV on public highways.

3. Your driving record for the 3-year period:

- a. Contains no suspensions or revocations of your driver's license for the operation of any motor vehicle (including your personal vehicle);
- b. Contains no involvement in an accident for which you contributed or received a citation for a moving traffic violation;
- c. Contains no convictions for a disqualifying offense, as defined in 49 CFR 383.51(b)(2), or more than one serious traffic violation, as defined in 49 CFR 383.5, while driving a CMV during the 3-year period, which disqualified or should have disqualified you in accordance with the driver disqualification provisions of 49 CFR 383.51.
- d. Contains no more than two convictions for any other moving traffic violations in a CMV.

NOTE: The driving record covering commercial operation must be furnished by an official State agency on its letterhead, bear the State seal or official stamp, and be signed by an authorized State official. No other documentation will be accepted. If the MVR shows any convictions for moving violations or accident involvement, additional official documentation must be provided by you (e.g., a copy of the citation or accident report, or copies of court records).

SPECIAL NOTES: If you are arrested, cited for, or convicted of any disqualifying offense or other moving violation or involved in an accident during the period your application is pending, you must immediately report such arrests, citations, convictions, or accident involvement to the Vision Program, 1200 New Jersey Ave., SE, Washington,

DC 20590. No exemption determination will be completed while any charge against you, for what would be a disqualifying offense, is still pending. Convictions occurring during the processing of your application will be considered in your overall driving record.

You must also report any citations, convictions, accidents or suspensions that are not listed on your motor vehicle history. If a subsequent review of your motor vehicle record by the FMCSA identifies incidents that should have been reported, any exemption issued to you could be subject to revocation.

4. You have been examined by an ophthalmologist or an optometrist in the last 3 months. The documentation required is a signed statement on letterhead by the ophthalmologist or optometrist which:
 - a. Identifies and defines the nature of the vision deficiency, including how long you have had the deficiency;
 - b. States the date of examination;
 - c. Certifies that the visual deficiency is stable;
 - d. Identifies the visual acuity of each eye, corrected and uncorrected;
 - e. Identifies the field of vision of each eye, including central and peripheral fields, testing to at least 120° in the horizontal. (Formal perimetry is required. The doctor must submit the formal perimetry test for each eye and interpret the results in degrees of field of vision.);
 - f. Identifies if you have the ability to recognize the colors of traffic control signals and devices showing red, green, and amber; and
 - g. Certifies that in his/her medical opinion, you have sufficient vision to perform the driving tasks required to operate a **commercial** vehicle.
5. **In addition, your application must contain the following statement:** “I acknowledge that I must be otherwise qualified under 49 CFR 391.41(b)(1-13) before I can legally operate a commercial motor vehicle in interstate commerce.”

6. I intend to drive a CMV in: Intrastate commerce only
 Interstate commerce only

Interstate Commerce is trade, traffic, or transportation involving the crossing of a State boundary. Either the vehicle, its passengers, or cargo must cross a State boundary, or there must be the intent to cross a State boundary to be considered an interstate carrier. Intrastate Commerce is trade, traffic, or transportation within a single State.

Please send the above information to:

**Vision Program
1200 New Jersey Ave., SE
Room W64-224
Washington, D.C. 20590**

Upon receipt of current and complete information, an individual evaluation for an exemption from the Federal vision standard will be conducted, and you will be notified of the results. If you do not provide this information, your application will be returned or rejected. An exemption may be issued for a maximum of 2 years, but may be renewed at the discretion of the FMCSA. Any exemption issued in response to your application is valid for operations only within the United States. It does not exempt you from the physical qualifications from any bordering jurisdiction.

If you have any questions, please call 703-448-3094.

Sincerely,

Christine A. Hydock
Chief, Medical Programs Division