New Jersey
Motor Vehicle Commission

Bus Application Unit

STATE OF NEW JERSEY

<<< ATTENTION PHYSICIANS AND BUS DRIVERS >>>

The Federal Motor Carrier Safety Administration (FMCSA) regulations C.F.R. 383.73(o) requires that New Jersey commercial driver license (CDL) holders must submit a valid (non-expired) Medical Examiner Certificate every two years including CDL drivers who maintain a passenger endorsement.

To avoid processing delays of your passenger endorsement application or suspension of your passenger endorsement, *all data fields on the Medical Examiner Certificate must be fully completed*.

Incomplete, expired or illegible medical examiner certificates will be rejected and may result in administrative action against your commercial driving privileges. Medical examinations performed on or after May 21, 2014 are to be completed by a federally certified medical examiner. To locate your nearest certified examiner, please go to nrcme.fmcsa.gov.

CHECKLIST

All Data Fields filled in and legible

Signature of Driver

Medical Examiner's Signature, License/Certificate No.

National Registry No.

Date of Exam (month/day/year)

Medical Certification Expiration Date (month/day/year)

MAIL TO:

NJ Motor Vehicle Commission
Driver Review Bus Application Unit
PO Box 127
Trenton, NJ 08666

For further assistance, contact the MVC Bus Application Unit by phone at (609) 292-7500 ext. 5039.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with *(please check only one)*:

◯ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* ***OR***

◯ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
- ☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name ***(please print or type)***

◯ MD ◯ Physician Assistant ◯ Advanced Practice Nurse
◯ DO ◯ Chiropractor ◯ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

CLP/CDL Applicant/Holder

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____ ◯ Yes ◯ No