

Self-Certification Certificate

Print Name: _____

Driver's License Number: _____

Check only one of the following self-certification categories below that apply to you.

I operate my commercial motor vehicle:

- ☐ Category A: **Interstate Non-Excepted** - Subject to federal medical/vision requirements. Your current Medical Examiner Certification information must be updated to the National Registry per FMCSA: fmcsa.dot.gov (*Nebraska DMV is no longer able to accept paper MEC's*).
- ☐ Category B: **Interstate Excepted** - Subject to DMV medical/vision requirements.
- ☐ Category C: **Intrastate Non-Excepted** - Subject to federal medical/vision requirements. Your current Medical Examiner Certification information must be updated to the National Registry per FMCSA: fmcsa.dot.gov (*Nebraska DMV is no longer able to accept paper MEC's*).
- ☐ Category D: **Intrastate Excepted** – Subject to DMV medical/vision requirements.

The undersigned, being duly sworn, depose or affirm and say that the answer to the foregoing question is true.

Signature _____ Date _____

Please return this form to the DMV at one of the options below, if you are changing your self-certification category with the DMV.

Send the completed form to DMV.DLSFAX@nebraska.gov, fax: 402-471-4020 or mail to PO Box 94726, Lincoln NE, 68509.

DMV USE ONLY:

Recall: ____ Yes ____ No

Add: ____K____V____B

Remove: ____I ____K ____V