Missouri Skill Performance Evaluation Certificates

For Intrastate Drivers

Missouri allows individuals to apply for a Skill Performance Evaluation certificate if they are not physically qualified to drive commercial motor vehicles intrastate because of one or more of the following conditions:

- Limb amputation/Limb impairment
- Hearing impairment

lf the application is approved, the driver is authorized to haul in intrastate commerce - that is, the vehicle and its load must originate and end within Missouri's borders only.

ls the Missouri SPE certificate the same as the federal SPE certificate?
No. The Missouri certificate qualifies drivers to operate only within Missouri's borders.

The federal SPE certificate program is for interstate drivers and applies only to limb-impaired and amputee drivers. Drivers with a vision or hearing impairment can apply for a federal medical exemption to operate interstate.

Can I apply for an SPE certificate on my own or do I need a sponsor?
Applications can be filed by an individual driver or jointly by the driver and a sponsoring employer.

What is involved in the SPE process?
Applicants must complete an application and provide required documents. ln limb-impaired/amputation cases, a skill evaluation must be performed.

I already have a federal SPE certificate or medical exemption. Now I want to drive in Missouri only. Can l?
You must apply for a Missouri SPE certificate, but some application requirements can be waived if your federal certificate or exemption is still valid.

How long does the Missouri SPE certificate application process take?
Once your completed application is received, the process is normally complete within six months. However, the process could take longer if any application details or documents are missing or if scheduling issues delay a skill evaluation (when applicable).

What supporting documents are required with the application?
The documents needed vary with each disabling condition. lf you are not physically qualified because of two or more of the conditions listed above, submit the required documentation relating to each condition.
Most forms are available for download at *www.modot.org/mcs* on the Safety & Compliance page. Be certain to include forms provided by other agencies, such as a motor vehicle driving record or a federal SPE certificate. See the next page for a list of required supporting documents.

NOTE: MoDOT is neither responsible for selecting the medical specialist(s) needed to complete the application, providing the vehicle for a skill evaluation or for any expenses incurred. These are the applicant's responsibility.

ALL APPLICATIONS

The following documents must be completed and submitted with every application for a SPE Certificate:

- ☑ Statement of Treating Physician (SPEC-B FORM)
- ☑ Waiver of Privacy Regarding Personal Health Information (SPEC-C FORM)
- ☑ HIPAA Compliant Authorization for Release of Information
- ☑ Physical Examination Form and Medical Examiner's Certificate Form
- ☑ Road Test and Road Test Certification Form. A motor carrier or a person who is competent to administer the test and evaluate its results must administer the road test.
- ☑ Driver Employment Application Form. This form is provided for your use if you do not have a copy of the last one you completed for your last employer.
- ☑ A copy of your state motor vehicle driving record {MVR) for the past 3 years from each state in which you held a driver's license or permit. *Available through the Missouri Department of Revenue.
- ☑ A copy of your interstate SPE certificate, exemption or waiver of certain physical defects issued by FMCSA or the individual state(s), if applicable. *Available from the FMCSA and/or other states.

LIMB IMPAIRMENT OR AMPUTATION FORMS

A board-certified or board-eligible orthopedic surgeon, doctor of physical medicine or physiatrist must complete the Medical Evaluation Summary. Although you may choose any qualified medical specialist, we recommend that you go to a physical rehabilitation facility for this examination. These facilities and their personnel generally have more experience in evaluating the amputee or a limb-impaired individual.

- ☑ Application for Skill Performance Evaluation Certificate to Operate Intrastate Commercial Motor Vehicles (Applicant with Limb Impairment or Amputation) (SPEC-1 FORM)
- ☑ Medical Evaluation summary (SPEC-A FORM) (Limb Impairment or Amputation only)

HEARING IMPAIRMENT

- ☑ Application for Skill Performance Evaluation (SPE) Certificate to Operate Intrastate Commercial Motor Vehicles (Applicant with lmpaired Hearing) (SPEC-4 FORM)
- ☑ Audiologist/Otolaryngologist (ENT) Certification (SPEC-H FORM)
- ☑ Affidavit of Driving Experience (SPEC-E FORM)

Questions? Contact the MoDOT Motor Carrier Services Safety and Compliance team.
Call toll-free, 1- 866-831-6277.

Return completed application and supporting documents to:
ATTN: MEDICAL EXEMPTION PROGRAM
MoDOT Motor Carrier Services
P.O. Box 270
Jefferson City, MO 65102-0270

SPEC-B FORM **(Statement of Treating Physician, Required by RSMo 622.555)**

MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES

STATEMENT OF TREATING PHYSICIAN, FOR SKILL PERFORMANCE EVALUATION (SPE) CERTIFICATE TO OPERATE INTRASTATE COMMERCIAL MOTOR VEHICLES

MAIL COMPLETED FORM TO:	ATTN: MEDICAL EXEMPTION PROGRAM MOTOR CARRIER SERVICES PO BOX 270 JEFFERSON CITY, MO 65102-0270	IF ASSISTANCE NEEDED, CALL: 573-522-4937 OR Toll Free at 866-831-6277 FAX 573-522-4260

SECTION 1. IDENTIFICATION OF DRIVER APPLICANT (To be completed by driver applicant).

DRIVER-APPLICANT'S FULL NAME			
RESIDENCE ADDRESS			GENDER (Please check one box) ☐MALE ☐FEMALE
CITY	STATE	ZIP	DATE OF BIRTH
(AREA CODE) HOME TELEPHONE # ( )	(AREA CODE) WORK PHONE # (IF ANY) ( )	SOCIAL SECURITY #	
DRIVER'S LICENSE #	STATE WHICH ISSUED	DATE ISSUED	EXPIRATION DATE

SECTION 2. IDENTIFICATION OF TREATING PHYSICIAN

TREATING PHYSICIAN'S BUSINESS NAME		BOARD CERTIFIED ☐ YES ☐ NO
TREATING PHYSICIAN'S FULL NAME		BOARD ELIGIBLE ☐ YES ☐ NO
BUSINESS ADDRESS		
CITY	STATE	ZIP
(AREA CODE) OFFICE TELEPHONE # ( )	(AREA CODE) OFFICE FAX # ( )	PROFESSIONAL CERTIFICATION #
NAME OF CERTIFYING ORGANIZATION		PROFESSIONAL LICENSE #
ADDRESS OF CERTIFYING ORGANIZATION		
CITY	STATE	ZIP

SECTION 3. TO BE COMPLETED BY TREATING PHYSICIAN

A ☐	PLEASE GIVE A BRIEF DESCRIPTION OF THE APPLICANT'S MEDICAL CONDITION FOR WHICH A SKILL PERFORMANCE EVALUATION CERTIFICATE IS NECESSARY. ←CHECK BOX TO CONFIRM COMPLETION.
B ☐	IS THE PHYSICIAN FAMILIAR WITH THE APPLICANT'S MEDICAL HISTORY THROUGH ACTUAL TREATMENT? ←CHECK BOX TO CONFIRM COMPLETION.

☐ YES - HOW LONG?		☐ NO - EXPLAIN:

NOTE: IF MORE SPACE IS NEEDED FOR YOUR RESPONSE(S) THAN THE FORM PROVIDES, PLEASE ATTACH ADDITIONAL SHEETS.

SECTION 3. TO BE COMPLETED BY TREATING PHYSICIAN *(Continued)*

C ☐ IS THE TREATING PHYSICIAN FAMILIAR WITH THE APPLICANT'S MEDICAL HISTORY THROUGH CONSULTATION WITH ANOTHER PHYSICIAN WHO HAS TREATED THE APPLICANT?

☐ YES | PHYSICIAN'S NAME | BUSINESS ADDRESS

CITY	STATE	ZIP	(AREA CODE) BUSINESS TELEPHONE #
			( )

☐ NO - EXPLAIN:

D ☐ DOES THE APPLICANT HAVE THE ABILITY AND WILLINGNESS TO FOLLOW ANY COURSE OF TREATMENT PRESCRIBED, INCLUDING THE ABILITY TO SELF-MONITOR OR MANAGE THE MEDICAL CONDITION?

☐ YES ☐ NO - EXPLAIN:

E ☐ IN YOUR PROFESSIONAL OPINION, WILL THE APPLICANT'S CONDITION ADVERSELY AFFECT HIS/HER ABILITY TO OPERATE A COMMERCIAL MOTOR VEHICLE SAFELY?

☐ YES ☐ NO - EXPLAIN:

F ☐ IN YOUR PROFESSIONAL OPINION, WILL THE APPLICANT'S CONDITION LIKELY REMAIN STABLE OVER THE LIFETIME OF THE DRIVER-APPLICANT?

☐ YES ☐ NO - EXPLAIN:

SECTION 4. TREATING PHYSICIANS CERTIFICATION AND VERIFICATION

I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION, AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT.

TREATING PHYSICIAN'S NAME (Printed)	DATE SIGNED:
TREATING PHYSICIAN'S SIGNATURE	

NOTE: IF MORE SPACE IS NEEDED FOR YOUR RESPONSE(S) THAN THE FORM PROVIDES, PLEASE ATTACH ADDITIONAL SHEETS.

SPEC-C FORM **(WAIVER OF PRIVACY)**

MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES

WAIVER OF PRIVACY REGARDING PERSONAL HEALTH INFORMATION

ATTN: MEDICAL EXEMPTION PROGRAM MOTOR CARRIER SERVICES PO BOX 270 JEFFERSON CITY, MO 65102-0270	IF ASSISTANCE NEEDED, CALL: 573-522-4937 OR Toll Free at 866-831-6277 FAX 573-522-4260

THE UNDERSIGNED APPLICANT FOR A SKILL PERFORMANCE EVALUATION CERTIFICATE ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTOOD THE FOLLOWING WAIVER OF PRIVACY, AND HEREBY CONSENTS TO ALL PROVISIONS STATED BELOW.

Missouri law generally requires that all records possessed by state agencies shall be open to public inspection and copying. Laws governing the motor carrier transportation activities of the Missouri Highways and Transportation Commission (MHTC), and the Missouri Department of Transportation (MoDOT), also provide that documents filed on the record in formal proceedings of the commission or department shall be public records, and open to public inspection and copying. These laws govern all applications, and related materials and information, which are submitted to MoDOT Motor Carrier Services, which seek the issuance of Skill Performance Evaluation (SPE) Certificates.

By signing and submitting the application and related materials and information to MoDOT Motor Carrier Services, I, THE UNDERSIGNED APPLICANT, VOLUNTARILY WAIVE MY RIGHT TO PRIVACY with reference to these application materials and all related information. I authorize MHTC, MoDOT, their officers and personnel, to make all reasonable and necessary uses of the information submitted in connection with this application, whether submitted by me personally, by physicians, doctors, nurses, health care providers, or any other person. This waiver includes, but is not limited to, authorizing public disclosure of such information whenever, and to the extent that, MHTC or MoDOT considers such disclosure to be reasonable or necessary in furtherance of the administration of the Skill Performance Evaluation Certificate program. I understand and agree that this may, if required, include publication of one or more notices of the filing and determination of my application, which may describe my physical condition, impairment, health history, etc., and may invite public comments relating to my application and physical condition. I understand that any comments received may also be published.

I also agree that MHTC and MoDOT personnel may transmit any and all information to officials of any other Federal and State agencies, for purposes relating to the administration of this program, or similar programs administered by those governmental entities.

With reference to all information coming into the possession, custody or control of MHTC or MoDOT pursuant to this application, this waiver of privacy shall be continuing, including after the conclusion of the application proceedings.

Dated:_____ Applicant Signature:_____

The above form has been approved by the Director of Motor Carrier Services, for use in relation to the Skill Performance Evaluation (SPE) Certificate program administered by MoDOT Motor Carrier Services. (version 06/07/16)

HIPAA-COMPLIANT
AUTHORIZATION FOR RELEASE OF INFORMATION
PURSUANT TO 45 C.F.R. 164.508

Patient Name:_____Date of Birth:_____

Provider/Covered Entity: (Organizations, individuals, or classes of persons requested to disclose patient information)

(To be completed by Motor Carrier Services:)

Name: _____

Address: _____

_____

Requestors: (To whom the provider/covered entity is requested to disclose patient information):

Missouri Highways and Transportation Commission, and/or
Missouri Department of Transportation, Motor Carrier Services Division.
ATTN: Medical Exemption Program—Motor Carrier Services
PO Box 270
Jefferson City, MO 65102-0270
TEL: (573) 522-9001; FAX: (573) 522-4260

Information Requested: The Patient identified above authorizes the disclosure of all protected medical information in any form (including oral, written and electronic) to the Requestors listed above, and Requestors' re-disclosure of the data and information to its agents, consultants, counsel, and whomever Requestors deems reasonable and necessary to further the administration of the Skill Performance Evaluation Certification program. Patient expressly requests that all covered entities under HIPAA identified above shall disclose full and complete protected health information concerning the Patient, relating to the time period beginning on _____ and ending on _____, inclusive. This includes, but is not limited to, the following:

- All medical records, including, but not limited to: inpatient & emergency room treatment; all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, examination reports, office and doctor's handwritten notes, and records received from other physicians or health care providers;
- All laboratory, histology, cystology, pathology, radiology, CT scan, MRI, echocardiogram reports;
- All radiology films;
- All pharmacy prescription records.

Purposes of Release: Release of this information is requested for the purposes of evaluating, reviewing, and monitoring the patient's qualifications to operate commercial motor vehicles safely, in connection with the patient's application for issuance of a Skill Performance Evaluation Certificate by the Missouri Department of Transportation, Motor Carrier Services Division.

This authorization is effective until the later of _____, or the date when my application for issuance of a Skill Performance Evaluation Certificate is finally determined, or (if the application is granted) the date when my SPE Certificate expires.

I understand that I may revoke this authorization at any time, by giving written notice to the Missouri Department of Transportation, Motor Carrier Services Division, at the address mentioned above. I understand that revocation is only effective after the written notice is received by MoDOT Motor Carrier Services Division, and that any use or disclosure of the information under this authorization, made before the revocation is effective, will not be affected by the revocation.

I understand that I am entitled to receive a copy of this authorization.

I understand that, after information is released under this authorization, it may be re-disclosed by the recipient, and if re-disclosed, the information will no longer be protected by federal or state privacy rules.

I understand that the covered entity to which this authorization is directed may not condition treatment, payment, enrollment, or eligibility benefits on whether or not I sign this authorization.

Any facsimile, copy or photocopy of the authorization authorizes the release of all records requested herein.

Signature of Patient: _____ **Date:** _____

In addition to the authorization and other provisions contained above, hereby incorporated by reference, I authorize the release of mental health records (includes psychological testing) to Requestors and re-disclosure of the data and information to their agents, counsel or whomever Requestors deems reasonable and necessary to further the administration of my Skill Performance Evaluation Certificate application. This includes any and all data, notes, records, reports and information protected by state and federal law.

Signature of Patient: _____ **Date:** _____

RECORD OF ROAD TEST

Instructions to Evaluator: Check ( ) items which the driver performs satisfactorily, use "X" where performance is unsatisfactory. Any item not evaluated, leave blank.

Driver's Name _____ **Home Address** _____

Social Security No. _____ **License No.** _____ **State** _____ **Class** _____

Equipment Driven: Truck Tractor _____ **Trailer(s)** _____
(Make & Model) **(Body Type & Length of Each)**

Length of Test _____ **Mi. From/In** _____ **To** _____

Start Time _____ **Finish Time** _____ **Weather Conditions** _____

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

Checks general condition approaching unit _____

Checks fuel, oil. Water and for excessive oil on engine _____

Checks around unit - Tires, lights, trailer hook-up, brake and light line, doors and inspects for body damage _____

Tests steering, brake action, tractor protection valve, and parking brake _____

Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire equipment _____

Checks instruments for normal readings _____

Checks dashboard warning lights for proper functioning _____

Cleans windshield, windows, mirrors, lights and reflectors _____

Reviews and signs previous report _____

PART 2 - COUPLING AND UNCOUPLING

Connects glad hands to trailer to apply trailer brakes before coupling _____

Connects glad hands and light line properly _____

Couples without difficulty _____

Raises landing gear fully after coupling _____

Visually checks king pin assembly to be certain of proper coupling _____

Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer _____

Assures himself that surface will support trailer before uncoupling _____

PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. MOTOR
- Places transmission in neutral before starting engine _____
- Starts engine without difficulty _____
- Checks instruments at regular intervals _____
- Maintains proper engine rpm while driving _____

B. BRAKES
- Knows proper use of and checks tractor-protection valve (trailer air supply valve) _____
- Tests service brakes _____
- Builds full air pressure before moving _____

C. CLUTCH AND TRANSMISSION
- Starts unit moving smoothly _____
- Uses clutch properly _____

D. LIGHTS (if tested at night)
- Adjusts speed for range of headlights _____
- Dims lights when approaching another vehicle or following other traffic _____

PART 4 - BACKING AND PARKING

A. BACKING
- Gets out and checks area before backing _____
- Understands and utilizes mirrors properly _____
- Signals when backing (if appropriate) _____
- Avoids backing from blind side _____

B. PARKING (CITY)
- Parks without hitting any other vehicles or stationary objects _____
- Parks correct distance from curb _____
- Secures unit properly - sets parking brake, trans mission in correct gear, shuts off engine, blocks wheels (when necessary) _____
- Carefully enters traffic from parked position _____

C. PARKING (ROAD)
- Parks off pavement _____
- Secures unit properly _____
- Uses emergency warning signal or devices when necessary _____

PART 5 - SLOWING AND STOPPING

Uses clutch and gears properly _____

Gears down properly before descending hills _____

Starts without rolling back _____

Tests brakes before descending grades _____

Uses brakes properly on grades _____

Makes proper use of mirrors _____

Plans stop far enough in advance to avoid hard braking _____

Stops clear of cf crosswalks _____

PART 6 - OPERATING IN TRAFFIC, PASSING AND TURNING

A. TURNING
- Signals intention to turn well in advance _____
- Gets into proper lane well in advance of turn _____
- Checks traffic conditions and turns only when intersction is clear _____
- Restricts traffic from passing on right when perparing to complete right hand turn _____
- Completes turn promptly and safely and does not impede other traffic _____

B. TRAFFIC SIGNS AND SIGNALS
- Plans stop in advance and adjusts speed correctly _____
- Obeys all traffic signals _____
- Comes to a complete stop at all stop signs _____

C. INTERSECTIONS
- Yields right of way _____
- Checks for cross traffic regardless of traffic controls _____
- Enters all intersections prepared to stop if necessary _____

D. GRADE CROSSINGS
- Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary _____
- Selects proper gear and does not shift gears while crossing _____
- Knows and understands Federal and State rules governing grade crossings _____

E. PASSING
- Allows sufficient space ahead for passing _____
- Passes only in safe locations _____
- Signals changing lanes before and after passing _____
- Warns driver ahead of his intention to pass _____
- Passes with sufficient speed differential to minimize obstructing traffic _____
- Returns to right lane promptly but only when safe to do so _____

F. SPEED
- Observes speed limits _____
- Drives at speed consistent with ability _____
- Adjusts speed properly to road, weather and traffic conditions _____
- Slows down in advance of curves, danger zones and intersections _____
- Maintains constant speed where possible _____

G. COURTESY AND SAFETY
- Yields right of way _____
- Consistently strives to drive in safe manner _____
- Allows faster traffic to pass _____
- Uses horn only when necessary _____

PART 7 - MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS
- Consistently alert and attentive _____
- Consistently is aware of changing traffic conditions _____
- anticipates problems _____
- Performs routine functions without taking eyes from road _____
- Checks instruments regularly while driving _____
- Personal appearance is professional _____
- Remains calm under pressure _____

B. USE OF SPECIAL EQUIPMENT (SPECIFY)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

REMARKS:

_____

_____

_____

GENERAL PERFORMANCE: Satisfactory ☐ Needs Training ☐ Explain: _____

_____

QUALIFIED FOR: Straight Truck ☐ Tractor-Semitrailer ☐ Twin Trailers ☐ Other Combination ☐

Special Equipment _____
(SPECIFY)

_____ Date _____

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SIGNATURE OF EXAMINER

DRIVER'S ROAD TEST EXAMINATION

Driver's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

The motor carrier shall give the road test or a person designated by it. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test.

Rating of Performance

_____ The pre-trip inspection (As required by Sec. 392.7)

_____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.

_____ Placing the equipment in operation.

_____ Use of vehicle's controls and emergency equipment.

_____ Operating the vehicle in traffic and while passing other vehicles.

_____ Turning the vehicle.

_____ Braking, and slowing the vehicle by means other than braking.

_____ Backing and parking the vehicle.

_____ Other, Explain: _____

_____

Type of equipment used in giving test: _____

_____

Examiner's Signature: _____

Date: _____

CERTIFICATION OF ROAD TEST

Driver's Name _____

_____ _____ _____ _____ _____
(Social Security Number) (Operators or Chauffeurs License Number) (State)

Type of Power Unit _____ Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above named driver was given a road test under my supervision on

_____, 20_____ consisting of approximately _____

miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

_____ _____
(Signature of Examiner) (Title)

_____
(Organization and Address of Examiner)

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____ _____

CITY, STATE AND ZIP CODE _____

NAME _____ _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____ ___ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

ADDRESS FOR PAST THREE YEARS

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MOR SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			

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NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

(IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS)

EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)

NOTE: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____SALARY _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME_____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____SALARY _____

REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____SALARY _____

REASONS FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ _____

DATE APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(version 06/07/16)

SPEC-4 FORM (APPLICANT WITH IMPAIRED HEARING)

MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES

APPLICATION FOR SKILL PERFORMANCE EVALUATION (SPE) CERTIFICATE TO OPERATE INTRASTATE COMMERCIAL MOTOR VEHICLES

MAIL COMPLETED FORM TO:	ATTN: MEDICAL EXEMPTION PROGRAM MOTOR CARRIER SERVICES PO BOX 270 JEFFERSON CITY, MO 65102-0270	IF ASSISTANCE NEEDED, CALL: 573-522-4937 OR Toll Free at 866-831-6277 FAX 573-522-4260

SECTION 1. INDIVIDUAL OR JOINT APPLICATION

☐ ← CHECK THIS BOX IF INDIVIDUAL DRIVER APPLICATION. SECTIONS 1 TO 8 OF APPLICATION MUST BE COMPLETED.	☐ ← CHECK THIS BOX IF JOINT APPLICATION, BY DRIVER-APPLICANT WITH CO-APPLICANT MOTOR CARRIER. ALL 9 SECTIONS OF APPLICATION MUST BE COMPLETED, AS INDICATED.

SECTION 2. IDENTIFICATION OF DRIVER APPLICANT

(Note: If joint application, please identify the co-applicant motor carrier below in Section 9).

DRIVER-APPLICANT'S FULL NAME				MAIDEN/FORMER NAME(S)
RESIDENCE ADDRESS				GENDER (PLEASE CHECK ONE BOX) ☐ MALE ☐ FEMALE
CITY	STATE	ZIP		DATE OF BIRTH
(AREA CODE) HOME TELEPHONE # ( )	(AREA CODE) WORK PHONE # (IF ANY) ( )		SOCIAL SECURITY #	
DRIVER'S LICENSE #	STATE WHICH ISSUED	DATE ISSUED	EXPIRATION DATE	

A ☐	DRIVER-APPLICANT MUST ATTACH COPY OF HIS/HER CURRENT MOTOR VEHICLE DRIVER'S LICENSE. ← CHECK BOX TO CONFIRM THAT COPY OF DRIVER-APPLICANT'S CURRENT DRIVER'S LICENSE IS ATTACHED.
DESCRIPTION OF DRIVER-APPLICANT'S HEARING IMPAIRMENT	

SECTION 3. DRIVER APPLICANT S CURRENT EMPLOYMENT

(COMPLETE THIS SECTION WHETHER INDIVIDUAL DRIVER APPLICATION, OR JOINT APPLICATION WITH CO-APPLICANT MOTOR CARRIER.)

A ☐ ← CHECK BOX IF APPLICANT IS NOW EMPLOYED BY A MOTOR CARRIER.	B ☐ ← CHECK BOX IF APPLICANT IS NOW EMPLOYED, BUT NOT BY ANY MOTOR CARRIER.	C ☐ ← CHECK BOX IF APPLICANT IS NOT CURRENTLY EMPLOYED (SKIP NEXT TWO ROWS).
CURRENT EMPLOYER'S NAME		EMPLOYER'S USDOT # (IF ANY)
CURRENT EMPLOYER'S ADDRESS, CITY, STATE, ZIP		

SECTION 4. TYPE OF OPERATION DRIVER APPLICANT WILL BE EMPLOYED TO PERFORM

STATES WHERE APPLICANT HAS OPERATED COMMERCIAL MOTOR VEHICLES	TYPES OF CARGO TO BE TRANSPORTED
EXPECTED AVERAGE DRIVING TIME AND ON-DUTY TIME, PER DAY	TYPE OF DRIVER OPERATION (SLEEPER TEAM, RELAY, OWNER-OPERATOR, ETC.)
NUMBER OF YEARS' EXPERIENCE DRIVING TYPE OF VEHICLE(S) DESCRIBED IN APPLICATION	TOTAL YEARS' EXPERIENCE DRIVING ALL TYPES OF COMMERCIAL MOTOR VEHICLES

A ☐	APPLICANT MUST ATTACH COPY OF HIS/HER **APPLICATION FOR EMPLOYMENT**, WHICH HAS BEEN COMPLETED PURSUANT TO 49 CFR 391.21. ← CHECK BOX TO CONFIRM THAT COMPLETED APPLICATION FOR EMPLOYMENT IS ATTACHED.
B ☐	APPLICANT MUST ATTACH A **CERTIFIED COPY OF HIS/HER STATE MOTOR VEHICLE DRIVING RECORD**, FROM THE STATE OF HIS/HER CURRENT RESIDENCE, AND FROM EVERY OTHER STATE OR PROVINCE IN WHICH DRIVER-APPLICANT RESIDED WITHIN 3 YEARS BEFORE FILING THIS APPLICATION. ← CHECK BOX TO CONFIRM THAT APPLICANT'S DRIVING RECORD IS ATTACHED.
C ☐	APPLICANT MUST ATTACH A COPY OF HIS/HER **CERTIFICATE OF DRIVER'S ROAD TEST,** OR EQUIVALENT CDL, AS PROVIDED IN 49 CFR 391.31 OR 391.33. ← CHECK BOX TO CONFIRM THAT THE CERTIFICATE OF DRIVER'S ROAD TEST (OR CDL IF DEEMED EQUIVALENT UNDER 49 CFR 391.33) IS ATTACHED.
D ☐	APPLICANT MUST ATTACH AN **AFFIDAVIT OF DRIVING EXPERIENCE, SPEC-E FORM** COMPLETED BY PRESENT AND/OR PAST EMPLOYER(S). ← CHECK BOX TO CONFIRM THAT THE AFFIDAVIT OF DRIVING EXPERIENCE FORM IS ATTACHED.

NOTE: IF MORE SPACE IS NEEDED FOR YOUR RESPONSE(S) THAN THE FORM PROVIDES, PLEASE ATTACH ADDITIONAL SHEETS.

SECTION 5. DESCRIPTION OF VEHICLE DRIVER APPLICANT SEEKS TO DRIVE

VEHICLE TYPE: (Truck, Truck-Tractor, Bus, Limo, Etc.)		PASSENGER SEATING CAPACITY, INCLUDING DRIVER:
MAKE:	MODEL:	YEAR:
TRANSMISSION TYPE: (Automatic, Manual)		NO. OF FORWARD SPEEDS:
IF EQUIPPED WITH AUXILIARY TRANSMISSION, INDICATE NUMBER OF FORWARD SPEEDS:		REAR AXLE SPEED: (*E.G.* Single Speed, 2-Speed, 3-Speed)
TYPE OF BRAKE SYSTEM:		
STEERING: (Manual Or Power Assisted)		NUMBER OF SEMITRAILERS OR FULL TRAILERS TO BE TOWED AT ONE TIME:
DESCRIPTION OF TRAILERS: (Van, Flatbed, Cargo Tank, Lowboy, Pole, Dump, Etc.)		
DESCRIPTION OF VEHICLE MODIFICATIONS RELATING TO HEARING IMPAIRMENT: (Must Be Currently Installed On Vehicles)		

SECTION 6. DRIVER APPLICANT S REQUIRED MEDICAL DOCUMENTATION

A ☐	APPLICANT MUST ATTACH A COPY OF THE **MEDICAL EXAMINATION REPORT**, AS PRESCRIBED IN 49 CFR SECTION 391.43**(F)**, COMPLETED BY THE APPLICANT AND A LICENSED MEDICAL EXAMINER AS DEFINED IN 49 CFR SECTION 390.5. ←CHECK BOX TO CONFIRM THAT THE COMPLETED MEDICAL EXAMINATION REPORT IS ATTACHED.
B ☐	APPLICANT MUST ATTACH A COPY OF THE **MEDICAL EXAMINER'S CERTIFICATE**, AS PRESCRIBED IN 49 CFR SECTION 391.43**(H)**, COMPLETED BY THE APPLICANT AND A LICENSED MEDICAL EXAMINER AS DEFINED IN 49 CFR SECTION 390.5. ←CHECK BOX TO CONFIRM THAT THE COMPLETED MEDICAL EXAMINER'S CERTIFICATE IS ATTACHED.
C ☐	APPLICANT MUST ATTACH A COPY OF THE **OTOLARYNGOLOGIST (ENT)/AUDIOLOGIST CERTIFICATION, SPEC-H FORM,** WHICH MUST BE COMPLETED BY APPLICANT AND A **BOARD-CERTIFIED OR BOARD-ELIIGIBLE ENT.** (GENERAL PRACTITIONER IS NOT ACCEPTABLE!) ←CHECK BOX TO CONFIRM THAT THE COMPLETED OTOLARYNGOLOGIST/ AUDIOLOGIST CERTIFICATION IS ATTACHED.

SECTION 7. DRIVER APPLICANT S OTHER SPE CERTIFICATIONS, MEDICAL WAIVERS AND EXEMPTIONS

A ☐	IF APPLICANT POSSESSES A CURRENTLY VALID SPE CERTIFICATE, WAIVER, OR EXEMPTION FROM ANY PHYSICAL REQUIREMENTS FOR DRIVERS OF COMMERCIAL MOTOR VEHICLES, ISSUED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA), MODOT MAY SUMMARILY ISSUE TO DRIVER-APPLICANT A SPE CERTIFICATE AUTHORIZING INTRASTATE OPERATION OF SIMILAR COMMERCIAL MOTOR VEHICLES WITHIN MISSOURI. APPLICANT MUST ATTACH TRUE COPIES OF ALL CURRENTLY VALID SPE CERTIFICATES, WAIVERS AND EXEMPTIONS FROM PHYSICAL REQUIREMENTS THAT HAVE BEEN ISSUED TO APPLICANT. ←CHECK BOX TO CONFIRM THAT COPY OF DRIVER-APPLICANT'S OTHER CURRENT SPE CERTIFICATES, WAIVERS AND EXEMPTTIONS ARE ATTACHED.
APPLICANT MUST DISCLOSE WHETHER HE/SHE HAS EVER OBTAINED ANY SPE CERTIFICATE, WAIVER OR EXEMPTION RELATING TO ANY PHYSICAL QUALIFICATIONS FOR DRIVERS OF COMMERCIAL MOTOR VEHICLES, OR HAS HAD ANY SPE CERTIFICATE, WAIVER, EXEMPTION, OR APPLICATION THEREFOR DENIED, DISMISSED, SUSPENDED, REVOKED OR WITHDRAWN, EITHER BY FMCSA, OR BY ANY STATE OR PROVINCE.	
B ☐	←CHECK THIS BOX IF DRIVER-APPLICANT HAS NEVER OBTAINED ANY SPE CERTIFICATE, WAIVER OR EXEMPTION RELATING TO PHYSICAL QUALIFICATIONS REQUIRED FOR DRIVERS OF COMMERCIAL MOTOR VEHICLES, AND HAS NEVER HAD ANY SPE CERTIFICATE, WAIVER, EXEMPTION, OR APPLICATION THEREFOR DENIED, DISMISSED, SUSPENDED, REVOKED OR WITHDRAWN, EITHER BY FMCSA, OR BY ANY STATE OR PROVINCE.
C ☐	IF DRIVER-APPLICANT HAS PREVIOUSLY OBTAINED, OR NOW POSSESSES, ANY SPE CERTIFICATE, WAIVER OR EXEMPTION FROM ANY PHYSICAL QUALIFICATION REQUIRED FOR DRIVERS OF COMMERCIAL MOTOR VEHICLES, HE/SHE MUST ATTACH COPIES OF ALL THOSE SPE CERTIFICATES, AND DOCUMENTATION OF ALL THOSE WAIVERS AND EXEMPTIONS TO THIS APPLICATION. ←CHECK BOX TO CONFIRM THAT DRIVER-APPLICANT HAS ATTACHED COPIES OF ALL OTHER SPE CERTIFICATES, WAIVERS AND EXEMPTIONS.
D ☐	IF DRIVER-APPLICANT HAS PREVIOUSLY APPLIED FOR OR OBTAINED ANY SPE CERTIFICATE, WAIVER OR EXEMPTION FROM ANY PHYSICAL QUALIFICATION REQUIRED FOR DRIVERS OF COMMERCIAL MOTOR VEHICLES, AND HAS HAD ANY SPE CERTIFICATE, WAIVER, EXEMPTION, OR APPLICATION THEREFOR DENIED, DISMISSED, SUSPENDED, REVOKED OR WITHDRAWN, APPLICANT MUST ATTACH COPIES OF EACH FINAL NOTICE, ORDER, OR OTHER OFFICIAL DOCUMENTATION OF THE DENIAL, DISMISSAL, SUSPENSION, REVOCATION, DENIAL OR WITHDRAWAL. ←CHECK BOX TO CONFIRM THAT DRIVER-APPLICANT HAS ATTACHED COPIES OF ALL DENIALS, DISMISSALS, SUSPENSIONS, REVOCATIONS AND WITHDRAWALS OF ANY OTHER SPE CERTIFICATE, WAIVER OR EXEMPTION, WHICH HE/SHE PREVIOUSLY APPLIED FOR OR OBTAINED.

NOTE: IF MORE SPACE IS NEEDED FOR YOUR RESPONSE(S) THAN THE FORM PROVIDES, PLEASE ATTACH ADDITIONAL SHEETS.

SECTION 8. DRIVER APPLICANT S CERTIFICATION AND VERIFICATION

I CERTIFY THAT, EXCEPT FOR THE PHYSICAL CONDITION(S) INDICATED ABOVE, I AM OTHERWISE FULLY QUALIFIED UNDER PART 391 ("QUALIFICATION OF DRIVERS") OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (TITLE 49, CODE OF FEDERAL REGULATIONS) TO DRIVE AND OPERATE COMMERCIAL MOTOR VEHICLES.

I CERTIFY THAT I HAVE DISCLOSED TO ALL MEDICAL PROFESSIONALS WHO ARE IDENTIFIED IN THIS FORM AND ALL ATTACHMENTS, THE FULL, TRUE AND CORRECT INFORMATION CONCERNING MY MEDICAL HISTORY AND MY PRESENT PHYSICAL CONDITION.

I EXPRESSLY AUTHORIZE THE MISSOURI DEPARTMENT OF TRANSPORTATION, THE MISSOURI HIGHWAYS AND TRANSPORTATION COMMISSION, AND THEIR AUTHORIZED PERSONNEL, TO FURTHER INVESTIGATE MY QUALIFICATIONS, AND I AUTHORIZE ALL PHYSICIANS, HOSPITALS, PHARMACIES, AND ALL OTHER HEALTH CARE PROVIDERS OR HEALTH INSURERS TO ALLOW ACCESS AND PROVIDE COPIES OF ALL OF MY PERSONAL MEDICAL RECORDS TO AUTHORIZED PERSONNEL OF THE MISSOURI DEPARTMENT OF TRANSPORTATION OR THE MISSOURI HIGHWAYS AND TRANSPORTATION COMMISSION FOR THESE PURPOSES.

I CERTIFY THAT IF ANY INFORMATION PROVIDED TO MODOT IN RELATION TO THIS APPLICATION, INCLUDING (BUT NOT LIMITED TO) MY ADDRESS, PHYSICAL CONDITION, DRIVING RECORD, LICENSE STATUS, OR ANY OTHER PERTINENT INFORMATION, SHALL CHANGE OR BECOME INCORRECT AFTER THIS DATE, THEN I WILL IMMEDIATELY FILE AMENDED OR SUPPLEMENTAL INFORMATION, SO THAT ALL RELEVANT INFORMATION PROVIDED TO MODOT IS KEPT CURRENT AND ACCURATE.

I UNDERSTAND THAT, IF A SPE CERTIFICATE IS ISSUED TO ME, THEREAFTER MODOT MAY SUSPEND AND REVOKE ANY SPE CERTIFICATE ISSUED TO ME IF I VIOLATE OR FAIL TO COMPLY WITH ANY APPLICABLE TRAFFIC LAWS, REGULATIONS OR ORDERS, OR ANY CONDITIONS STATED IN MY SPE CERTIFICATE, OR IF I AM INVOLVED IN ANY TRAFFIC ACCIDENT OR CRASH WHILE DRIVING ANY MOTOR VEHICLE.

I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE	DATE SIGNED:
APPLICANT'S NAME (Printed)	

SECTION 9. CO APPLICANT MOTOR CARRIER'S CERTIFICATION AND VERIFICATION

THE UNDERSIGNED CO-APPLICANT MOTOR CARRIER CERTIFIES THAT IT INTENDS TO EMPLOY THE DRIVER-APPLICANT IF HE/SHE IS GRANTED A SPE CERTIFICATE AS REQUESTED IN THIS APPLICATION, AND THAT CO-APPLICANT WILL FULFILL ALL OBLIGATIONS OF THE MOTOR CARRIER'S AGREEMENT AS REQUIRED PURSUANT TO 49 CFR 391.49(E). THESE OBLIGATIONS INCLUDE, BUT ARE NOT LIMITED TO, THE REQUIREMENT THAT CO-APPLICANT WILL FILE WITH MISSOURI MOTOR CARRIER SERVICES (ATTN: MEDICAL EXEMPTION PROGRAM) SUCH DOCUMENTS AND INFORMATION AS MAY BE REQUIRED ABOUT DRIVING ACTIVITIES, ACCIDENTS, ARRESTS, LICENSE SUSPENSIONS OR REVOCATIONS, AND CONVICTIONS, WHICH INVOLVE THE DRIVER-APPLICANT.

THE UNDERSIGNED INDIVIDUAL FURTHER DECLARES UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT, AND THAT THE SIGNATURE BELOW IS THE CO-APPLICANT'S OWN TRUE SIGNATURE, OR IS MADE ON CO-APPLICANT'S BEHALF BY A DULY-AUTHORIZED OFFICER OR AGENT OF CO-APPLICANT.

CO-APPLICANT MOTOR CARRIER'S NAME	USDOT #	(AREA CODE) TELEPHONE # ( )
CO-APPLICANT'S ADDRESS, CITY, STATE, ZIP		
SIGNATURE OF CO-APPLICANT (Or Authorized Officer Or Agent)	DATE SIGNED:	
NAME OF SIGNING OFFICER OR AGENT (Printed)	TITLE OF SIGNING OFFICER OR AGENT	

SPEC-H FORM

(Audiologist/Otolaryngologist (ENT) Certification)

MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES

CERTIFICATION BY LICENSED HEARING PROFESSIONAL FOR SKILL PERFORMANCE EVALUATION (SPE) CERTIFICATE TO OPERATE INTRASTATE COMMERCIAL MOTOR VEHICLES

MAIL COMPLETED FORM TO:	ATTN: MEDICAL EXEMPTION PROGRAM MOTOR CARRIER SERVICES PO BOX 270 JEFFERSON CITY, MO 65102-0270	IF ASSISTANCE NEEDED, CALL: 573-522-4937 OR Toll Free at 866-831-6277 FAX 573-522-4260

SECTION 1. IDENTIFICATION OF DRIVER APPLICANT (TO BE COMPLETED BY DRIVER APPLICANT.)

DRIVER-APPLICANT'S FULL NAME			MAIDEN/FORMER NAME(S)
RESIDENCE ADDRESS			GENDER (PLEASE CHECK ONE BOX) ☐ MALE ☐ FEMALE
CITY	STATE	ZIP	DATE OF BIRTH
(AREA CODE) HOME TELEPHONE # ( )	(AREA CODE) WORK PHONE # (IF ANY) ( )		SOCIAL SECURITY #

SECTION 2. IDENTIFICATION OF HEARING PROFESSIONAL
(SECTIONS 2 7 TO BE COMPLETED BY OTOLARYNGOLOGIST (ENT) OR AUDIOLOGIST.)

HEARING PROFESSIONAL'S BUSINESS NAME			BOARD CERTIFIED ☐ YES ☐ NO
HEARING PROFESSIONAL'S FULL NAME			BOARD ELIGIBLE ☐ YES ☐ NO
BUSINESS ADDRESS			
CITY	STATE	ZIP	
(AREA CODE) OFFICE TELEPHONE # ( )	(AREA CODE) OFFICE FAX # ( )		PROFESSIONAL CERTIFICATION #
FIELD OF SPECIALTY (PLEASE CHECK ONE BOX) ☐ OTOLARYNGOLOGIST (ENT) ☐ AUDIOLOGIST			PROFESSIONAL LICENSE #
NAME OF CERTIFYING ORGANIZATION			
ADDRESS OF CERTIFYING ORGANIZATION			
CITY	STATE	ZIP	

SECTION 3. NATURE OF THE HEARING DEFICIENCY AND DATE OF IMPAIRMENT

	DATE OF IMPAIRMENT:

NOTE: IF MORE SPACE IS NEEDED FOR YOUR RESPONSE(S) THAN THE FORM PROVIDES, PLEASE ATTACH ADDITIONAL SHEETS.

SECTION 4. TO BE COMPLETED BY OTOLARYNGOLOGIST (ENT) OR AUDIOLOGIST.

A YES ☐ NO ☐	DOES THE APPLICANT HAVE ANY EVIDENCE OF MENIERE'S DISEASE AND BPPV? EXPLAIN:
IF YES- DO YOU CERTIFY THE APPLICANT CAN SAFELY OPERATE A COMMERCIAL MOTOR VEHICLE? YES ☐ NO ☐	
B YES ☐ NO ☐	DOES THE APPLICANT HAVE ANY EVIDENCE OF A VESTIBULAR DYSFUNCTION (ANY CONDITION THAT CAUSES DIZZINESS AND/OR VERTIGO. EXPLAIN:
C ☐	IS THE PHYSICIAN FAMILIAR WITH THE APPLICANT'S MEDICAL HISTORY THROUGH ACTUAL TREATMENT? ←CHECK BOX TO CONFIRM COMPLETION.
☐ YES - HOW LONG?	☐ NO - EXPLAIN:

SECTION 5. HEARING PROFESSIONAL S CERTIFICATION

A YES ☐ NO ☐	I CERTIFY THAT, IN MY MEDICAL OPINION, THE APPLICANT'S HEARING DEFICIENCY IS STABLE AND THAT THE APPLICANT'S CONDITION WILL NOT ADVERSELY AFFECT HIS/HER ABILITY TO OPERATE A COMMERCIAL MOTOR VEHICLE SAFELY.

NOTE: IF MORE SPACE IS NEEDED FOR YOUR RESPONSE(S) THAN THE FORM PROVIDES, PLEASE ATTACH ADDITIONAL SHEETS.

SECTION 6. DRIVER APPLICANT'S CERTIFICATION AND VERIFICATION

I CERTIFY THAT, EXCEPT FOR THE PHYSICAL CONDITION(S) INDICATED ABOVE, I AM OTHERWISE FULLY QUALIFIED UNDER PART 391 ("QUALIFICATION OF DRIVERS") OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (TITLE 49, CODE OF FEDERAL REGULATIONS) TO DRIVE AND OPERATE COMMERCIAL MOTOR VEHICLES.

I CERTIFY THAT I HAVE DISCLOSED TO ALL MEDICAL PROFESSIONALS WHO ARE IDENTIFIED IN THIS FORM AND ALL ATTACHMENTS, THE FULL, TRUE AND CORRECT INFORMATION CONCERNING MY MEDICAL HISTORY AND MY PRESENT PHYSICAL CONDITION.

I EXPRESSLY AUTHORIZE THE MISSOURI DEPARTMENT OF TRANSPORTATION, THE MISSOURI HIGHWAYS AND TRANSPORTATION COMMISSION, AND THEIR AUTHORIZED PERSONNEL, TO FURTHER INVESTIGATE MY QUALIFICATIONS, AND I AUTHORIZE ALL PHYSICIANS, HOSPITALS, PHARMACIES, AND ALL OTHER HEALTH CARE PROVIDERS OR HEALTH INSURERS TO ALLOW ACCESS AND PROVIDE COPIES OF ALL OF MY PERSONAL MEDICAL RECORDS TO AUTHORIZED PERSONNEL OF THE MISSOURI DEPARTMENT OF TRANSPORTATION OR THE MISSOURI HIGHWAYS AND TRANSPORTATION COMMISSION FOR THESE PURPOSES.

I CERTIFY THAT IF ANY INFORMATION PROVIDED TO MODOT IN RELATION TO THIS APPLICATION, INCLUDING (BUT NOT LIMITED TO) MY ADDRESS, PHYSICAL CONDITION, DRIVING RECORD, LICENSE STATUS, OR ANY OTHER PERTINENT INFORMATION, SHALL CHANGE OR BECOME INCORRECT AFTER THIS DATE, THEN I WILL IMMEDIATELY FILE AMENDED OR SUPPLEMENTAL INFORMATION, SO THAT ALL RELEVANT INFORMATION PROVIDED TO MODOT IS KEPT CURRENT AND ACCURATE.

I UNDERSTAND THAT, IF A SPE CERTIFICATE IS ISSUED TO ME, THEREAFTER MODOT MAY SUSPEND AND REVOKE ANY SPE CERTIFICATE ISSUED TO ME IF I VIOLATE OR FAIL TO COMPLY WITH ANY APPLICABLE TRAFFIC LAWS, REGULATIONS OR ORDERS, OR ANY CONDITIONS STATED IN MY SPE CERTIFICATE, OR IF I AM INVOLVED IN ANY TRAFFIC ACCIDENT OR CRASH WHILE DRIVING ANY MOTOR VEHICLE.

I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE	DATE SIGNED:
APPLICANT'S NAME (Printed)	

SECTION 7. HEARING PROFESSIONAL S VERIFICATION

I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT.

HEARING PROFESSIONAL'S NAME (Printed)	
HEARING PROFESSIONAL'S SIGNATURE	DATE SIGNED:

NOTE: IF MORE SPACE IS NEEDED FOR YOUR RESPONSE(S) THAN THE FORM PROVIDES, PLEASE ATTACH ADDITIONAL SHEETS.

SPEC-E FORM (AFFIDAVIT OF DRIVING EXPERIENCE)

MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES

VERIFICATION OF DRIVING EXPERIENCE FOR SKILL PERFORMANCE EVALUATION (SPE) CERTIFICATE TO OPERATE INTRASTATE COMMERCIAL MOTOR VEHICLES

MAIL COMPLETED FORM TO:	ATTN: MEDICAL EXEMPTION PROGRAM MOTOR CARRIER SERVICES PO BOX 270 JEFFERSON CITY, MO 65102-0270	IF ASSISTANCE NEEDED, CALL: 573-522-4937 OR Toll Free at 866-831-6277 FAX 573-522-4260

SECTION 1. IDENTIFICATION OF DRIVER APPLICANT

DRIVER-APPLICANT'S FULL NAME			
RESIDENCE ADDRESS			DATE OF BIRTH
CITY	STATE	ZIP	SOCIAL SECURITY #

SECTION 2. DRIVER APPLICANT'S EMPLOYER

A YES ☐ NO ☐	IS APPLICANT PRESENTLY EMPLOYED BY YOU TO OPERATE A COMMERCIAL MOTOR VEHICLE(S)?
B YES ☐ NO ☐	HAVE YOU PREVIOUSLY EMPLOYED APPLICANT TO OPERATE A COMMERCIAL MOTOR VEHICLE, BUT APPLICANT NO LONGER WORKS FOR YOU.

EMPLOYER'S NAME			EMPLOYER'S USDOT # OR ICC#
EMPLOYER'S ADDRESS			
CITY	STATE	ZIP	(AREA CODE) TELEPHONE # ( )

SECTION 3. TYPE OF OPERATION DRIVER APPLICANT PERFORMS OR PERFORMED FOR YOU

VEHICLE TYPE: (TRUCK, TRUCK-TRACTOR, BUS, LIMO, ETC.)	VEHICLE MAKE:	VEHICLE MODEL:	VEHICLE YEAR:
MANUFACTURER'S GROSS VEHICLE WEIGHT RATING (GVWR) OF VEHICLE DRIVEN BY APPLICANT			
VEHICLE LICENSED WEIGHT (LICENSE PLATE) OF VEHICLE DRIVEN BY APPLICANT			
AVERAGE HOURS PER WEEK DRIVEN ON PUBLIC HIGHWAYS			
DATE (MONTH/DAY/YEAR) APPLICANT STOPPED DRIVING FOR YOU			
DATE (MONTH/DAY/YEAR) APPLICANT STARTED DRIVING FOR YOU			

SECTION 4. DESCRIPTION OF DRIVER S PERFORMANCE

A☐	PLEASE DESCRIBE IN YOUR OWN WORDS, THE DRIVER'S PERFORMANCE WHILE UNDER YOUR EMPLOYMENT AS A DRIVER. PLEASE INCLUDE ANY AND ALL DETAILS YOU DEAM RELEVANT TO THE DRIVER'S QUALIFICATIONS. ← CHECK BOX IF MORE SPACE IS NEEDED AND YOU USE THE BACKSIDE OF THIS FORM.

NOTE: IF MORE SPACE IS NEEDED FOR YOUR RESPONSE(S) THAN THE FORM PROVIDES, PLEASE ATTACH ADDITIONAL SHEETS.

SECTION 5. DRIVER APPLICANT'S CERTIFICATION AND VERIFICATION

I CERTIFY THAT, EXCEPT FOR THE PHYSICAL CONDITION(S) INDICATED ABOVE, I AM OTHERWISE FULLY QUALIFIED UNDER PART 391 ("QUALIFICATION OF DRIVERS") OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (TITLE 49, CODE OF FEDERAL REGULATIONS) TO DRIVE AND OPERATE COMMERCIAL MOTOR VEHICLES.

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I UNDERSTAND THAT, IF A SPE CERTIFICATE IS ISSUED TO ME, THEREAFTER MODOT MAY SUSPEND AND REVOKE ANY SPE CERTIFICATE ISSUED TO ME IF I VIOLATE OR FAIL TO COMPLY WITH ANY APPLICABLE TRAFFIC LAWS, REGULATIONS OR ORDERS, OR ANY CONDITIONS STATED IN MY SPE CERTIFICATE, OR IF I AM INVOLVED IN ANY TRAFFIC ACCIDENT OR CRASH WHILE DRIVING ANY MOTOR VEHICLE.

I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE	DATE SIGNED:
APPLICANT'S NAME (Printed)	

SECTION 6. EMPLOYER CERTIFICATION AND VERIFICATION

I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT.

EMPLOYER'S NAME (Printed)	EMPLOYER'S TITLE (Printed)
EMPLOYER'S SIGNATURE	DATE SIGNED:

NOTE: IF MORE SPACE IS NEEDED FOR YOUR RESPONSE(S) THAN THE FORM PROVIDES, PLEASE ATTACH ADDITIONAL SHEETS.