

APPLICATION FOR PROFESSIONAL DRIVER'S MEDICAL WAIVER JUNEAU POLICE DEPARTMENT

1. Name:		Last Name	First Name	Middle Name
Alaska Driver's License (Attach Copy)			Date of Birth (mo/day/year)	
Current Residence Address (street number, city/state)			Home Phone Number	
Current Mailing Address (street number, box number, city/state)				
Certificate Holders Name			Business Phone Number	
Certificate Holders Business Address (street number, city/state)				
Certificate Holders Mailing Address (street number, box number, city/state)				

Previous Waivers (Attach Copies)

Where:	When:
Where:	When:

Licensing & Professional Driving History (Minimum 3 years experience)

Have you ever held a cab driver's permit or chauffer's license? Yes No

Did you hold a current valid professional driver's permit issued prior to April 21, 2004? Yes No

Is your professional driver's permit Current Expired

Description of any Vehicle Modifications Made to Accommodate Driver's Medical Condition or Disability

Physician's Statements (The following must be on office letterhead)

1. Describe to what extent you are familiar with the applicant's medical history:
2. Describe the medical condition for which the medical waiver is necessary:
3. On office letterhead, provide your assessment that the applicant has the ability and apparent willingness to follow a course of treatment prescribed by you, including the ability to self monitor or manage their medical condition:
4. Please provide your professional opinion that the applicant's condition will not adversely affect their ability to safely operate a commercial passenger vehicle:

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Reviewed By: _____ Minimum Qualifications for 20 CBJAC 40.310 (7C): Yes No

Forwarded to CBJ Manager: Date: _____

Date Denial Letter Sent : _____

CPV Administrator

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Approved Denied

City Manager _____ Date _____

