

## DIABETES WAIVER APPLICATION

Dear Applicant:

Enclosed is the waiver application packet you requested for drivers who are insulin-dependent diabetics. If your application is incomplete (i.e., missing information or missing any required attachments), we will return it to you for correction.

The KCC will review the information submitted and notify you of its decision within 30 days of receiving all information. There is no provision for a temporary waiver during the application and review process. Please understand that the issuance of a waiver is in no way an automatic event. We must be satisfied that highway safety will not be compromised. If a waiver is issued, you must comply with its terms and conditions. Failure to do so will result in the revocation of the waiver.

The Transportation Division has contracted the services of MKM, P.A. to review all Waiver applications. MKM will provide an impartial recommendation to the Commission on all applicants. The fee for all the third party reviews will be \$35.00 and a check or money order in that amount made payable to MKM, P.A. should be attached to the waiver application. If applicants choose to use MKM for their DOT physical examination, an additional fee of \$60 will be charged.

If you have questions regarding the application or what documents you are required to submit, please call (785) 271-3151.

Sincerely,

Mike Hoeme, CDS  
Director of Transportation

**INSTRUCTIONS FOR DIABETIC WAIVER**

**THE FOLLOWING MUST ACCOMPANY THIS APPLICATION**

1. KCC Disclosure Form (Page 3)
2. Authorization For Release of Medical Information (Page 4)
3. Report of eye examination form (Page 5) by an Ophthalmologist **and** a statement from this physician on their personal or institutional letterhead stating their opinion that with the current diagnosis and visual impairment (if any) the applicant can operate a motor vehicle in commerce safely.
4. Medical application of Diabetes Waiver (Page 6, 7, 8, 9, 10,)
  - Letter or recommendation by the endocrinologist, diabetologist, or primary care practitioner treating your diabetes stating their opinion that with the current diagnosis and use of insulin that the applicant can operate a motor vehicle in commerce safely
  - First time applicants must send copies of all HbA1c and lab chemistry reports in the last 18 months
  - Renewal applicants must send copies of all HbA1c and lab chemistry reports in the last 12 months
5. Motor Carrier Agreement (Pages 11, 12, 13)
6. A photocopy of your application for employment (Employer will provide to you)
7. Unilateral Waiver/SPE certification Program Application (Page 14)
8. A copy of the newly issued Medical Certificate (**long form & wallet card**) **and** a statement from this physician on their personal or institutional letterhead stating their opinion that with the current diagnosis and visual impairment (if any) the applicant can operate a motor vehicle in commerce safely.
  - **The Medical Evaluations and letters required in this check list (Items 3 & 8) must be performed by different medical practitioners**
9. Current Motor Vehicle Report of Driving Record (MVR). (Employer will provide-Note page15)
10. Clear Copy of CDL or Drivers License
11. A \$35 check made out to MKM, P.A., to cover the cost of review

**NOTE**

**DIABETES WAIVERS ARE VALID FOR A PERIOD NOT TO EXCEED 12 MONTHS FROM THE DATE OF ISSUE**

**RENEWALS:**

All renewal requests must complete and submit a new application and answer the following:

1. Total Miles Driven Under Current Waiver: \_\_\_\_\_
2. Total Violations Under Current Waiver: \_\_\_\_\_
3. Total Accidents Under Current Waiver: \_\_\_\_\_

**FORWARD COMPLETED APPLICATION TO:**

Attention: Gary Davenport  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, Kansas 66604-4027  
Office: 785 271-3151

**DISCLOSURE  
TO BE READ AND SIGNED BY APPLICANT**

It is agreed and understood that any misrepresentations of the information given herein shall be considered an act of dishonesty.

It is understood that this is an application for an **Intrastate Waiver of Diabetes Requirements** valid only within the State of Kansas.

I agree to furnish such additional information and complete such examinations as may be required to complete my application.

It is understood that should my condition worsen to the extent that I no longer meet the minimum standards as established by the State of Kansas, that I will surrender my Kansas Commercial Driver License until such time as I am medically again approved for licensing.

It is understood that my signature below authorizes the Corporation Commission of the State of Kansas to release my medical information to MKM, P.A. for the sole purpose of obtaining an independent medical review. I understand that both MKM, P.A. and the Corporation Commission of the State of Kansas will otherwise keep this information confidential.

Identification of Motor Carrier-Coapplicant:

Motor Carrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ USDOT: \_\_\_\_\_ KS MCID: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

Mail completed application along with all requirements to:

Kansas Corporation Commission  
Transportation Division-Gary Davenport  
1500 SW Arrowhead Road  
Topeka, KS 66604-4027

***MKM, P.A.  
Kim M. Davies, M.D.  
7844 Quivira  
Lenexa, KS 66216***

***Authorization For Release of Medical Information***

**Patient Name** \_\_\_\_\_  
Please print

**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**I hereby authorize release of medical information, diagnosis, test results, medications and any other pertinent medical information requested to Kim M. Davies, M.D. of MKM, P.A. Such information is for the purpose of evaluating my fitness to operate a commercial vehicle pursuant to standards and guidance of the Federal Motor Carriers Safety Administration. Information released will be used by Dr. Davies solely for this purpose, will be maintained confidentially, and will not be released to any third parties. A copy of this release shall be as valid as the original. This release is void one year after the date signed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Report of Eye Examination For KCC Diabetes Waiver**  
 (Must be completed by licensed optometrist or ophthalmologist)

Name of Patient \_\_\_\_\_

**Distant Visual Acuity: (must be recorded in Snellen equivalents)**

	Uncorrected	Corrected	Peripheral Vision In Degrees
<b>Right</b>	_____	_____	_____
<b>Left</b>	_____	_____	_____
<b>Binocular</b>	_____	_____	_____

	RIGHT		LEFT	
	Normal	Abnormal	Normal	Abnormal
<b>Extraocular Muscles</b>	_____	_____	_____	_____
<b>Pupils</b>	_____	_____	_____	_____
<b>Cataract</b>	_____	_____	_____	_____
<b>Fundi</b>	_____	_____	_____	_____
<b>Retinopathy</b>	_____	_____	_____	_____

If any abnormalities specify: \_\_\_\_\_

Comment on any disease process noted during examination: \_\_\_\_\_

If applicable, field of vision results (i.e. macular degeneration, scotoma, etc.) by:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Examiner                      Degree                      Date of Examination

## MEDICAL APPLICATION FOR DIABETES WAIVER

Name of Patient \_\_\_\_\_

Date of diagnosis \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of hospitalizations for diabetes \_\_\_\_\_

Reasons for hospitalizations \_\_\_\_\_

Does the patient know the symptoms of hypoglycemia? Yes \_\_\_ No \_\_\_

Does the patient have "hypoglycemic awareness" (have adrenergic warning signs such as nervousness, sweating, tremor, nausea, etc.)? Yes \_\_\_ No \_\_\_

How does the patient treat his hypoglycemia? \_\_\_\_\_

Has the patient had any hypoglycemic reactions in the past year? Yes \_\_\_ No \_\_\_ If Yes, how many? \_\_\_\_\_

A: Lost consciousness without seizure? Yes \_\_\_ No \_\_\_ # \_\_\_\_\_

B: Lost consciousness with seizure? Yes \_\_\_ No \_\_\_ # \_\_\_\_\_

Number of hospitalizations past year for hypoglycemia? \_\_\_\_\_ Number of ER visits past year for hypoglycemia? \_\_\_\_\_

Number of "in clinic" visits past year for treatment of hypoglycemia? \_\_\_\_\_

Number of hypoglycemic attacks of such severity as to require assistance by non healthcare person? \_\_\_\_\_

Reasons for hypoglycemic attack requiring treatment by healthcare professional? \_\_\_\_\_

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Experienced more than 2 hypoglycemic seizures and/or coma in the past 2 years? Yes \_\_\_ No \_\_\_

Have any history of recurrent hypoglycemic episodes resulting in cerebral impairment (coma, severe confusion, seizure) *before* warning symptoms of hypoglycemia (excessive sweating, tremor, etc.) Yes \_\_\_ No \_\_\_

**ROUTINE DIABETIC CARE:** Insulin treatment regimen (type, am't, times of injections, etc.) \_\_\_\_\_

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List all diagnoses \_\_\_\_\_

List all medications \_\_\_\_\_

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Diet: (please attach copy of meal plan if available; otherwise give brief description) \_\_\_\_\_

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Glucose self monitoring Yes \_\_\_ No \_\_\_ How many times per day? \_\_\_\_\_

Does the patient adjust his/her insulin dose based on results of self monitoring? Yes \_\_\_ No \_\_\_

Attach copy of latest self monitoring log if available. Yes \_\_\_ No \_\_\_

**PHYSICAL EXAMINATION**

Patient Name \_\_\_\_\_ Height \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs

Supine B/P \_\_\_\_\_ / \_\_\_\_\_ Sitting B/P \_\_\_\_\_ / \_\_\_\_\_ Standing B/P \_\_\_\_\_ / \_\_\_\_\_

Supine Pulse \_\_\_\_\_ Sitting Pulse \_\_\_\_\_ Standing Pulse \_\_\_\_\_

**Cardiovascular System**

	<u>Regular</u>	<u>Irregular</u>
Rhythm	_____	_____
	<u>Absent</u>	<u>Present</u>
Cardiomegaly	_____	_____
Murmurs	_____	_____

**Peripheral Pulses:**

A) Indicate the grade of the peripheral pulses using the following scale:

	<u>RIGHT SIDE</u>			<u>LEFT SIDE</u>		
	Normal	Diminished	Absent	Normal	Diminished	Absent
Carotid	_____	_____	_____	_____	_____	_____
Radial	_____	_____	_____	_____	_____	_____
Femoral	_____	_____	_____	_____	_____	_____
Popliteal	_____	_____	_____	_____	_____	_____
Posterior Tibial	_____	_____	_____	_____	_____	_____
Dorsalis Pedis	_____	_____	_____	_____	_____	_____

B) Indicate the presence or absence of bruits.

	<u>RIGHT SIDE</u>		<u>LEFT SIDE</u>	
	Absent	Present	Absent	Present
Femoral	_____	_____	_____	_____
Carotid	_____	_____	_____	_____
Other	_____	_____	_____	_____
If present specify:	_____			

**Extremities**

	<u>RIGHT SIDE</u>		<u>LEFT SIDE</u>	
	Absent	Present	Absent	Present
Ulceration	_____	_____	_____	_____
Skin discoloration	_____	_____	_____	_____
Gangrene	_____	_____	_____	_____
Charcot joint	_____	_____	_____	_____
Deformity	_____	_____	_____	_____
If present, specify:	_____			

**Neurologic Examination**

	<u>RIGHT SIDE</u>		<u>LEFT SIDE</u>	
	Normal	Abnormal	Normal	Abnormal
Pin-prick sensation	_____	_____	_____	_____
Light touch	_____	_____	_____	_____
Position sensation	_____	_____	_____	_____
Vibration sensation	_____	_____	_____	_____
Muscle strength	_____	_____	_____	_____
Ankle jerks	_____	_____	_____	_____
Knee jerks	_____	_____	_____	_____
Monofilament test	_____	_____	_____	_____

**Laboratory Results:**

\_\_\_\_\_ Attach copies of all lab results from past 12 months to include at least: FBS, HbA1C, BUN, Cr, lipid profile, urinalysis, LFT if on lipid lowering drugs or hx of liver disease. (HbA1C is recommended quarterly). New applicants must submit at least 2 HbA1C results over past 18 months - (4 preferred).

\_\_\_\_\_ Copy of EST results if performed in past 12 months

\_\_\_\_\_ Dates of all routine scheduled visits for diabetes care in past 18 months: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_

Comment on review of 18 month's data: \_\_\_\_\_

Dates of diabetes education programs attended: \_\_\_\_/\_\_\_\_ ; \_\_\_\_/\_\_\_\_ ; \_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 Signature and Degree

\_\_\_\_\_  
 Date

As the attending physician you must write a statement on your letterhead to include your denial or certification of this person to be recommended for a waiver to drive a commercial vehicle. The statement may start with: I certify do not certify this individual (name) to be recommended for a diabetes waiver. Please include any extenuating circumstances which may lead to a temporary pending of waiver or a short term card (3 mo) to enable the driver to come in compliance with necessary medical treatments and test results.

The statement must indicate your opinion of the applicant's ability to safely operate a commercial motor vehicle of the type identified in the waiver application. Keep in mind that recommendations are quarterly visits to treating physician, HbA1C  $\leq$  8.0, and good patient understanding of his/her medical condition and any limitations.

## **Applicable K.S.A. regulations are reproduced below.**

### **82-4-6d. Waiver of physical requirements.**

(a) Any person failing to meet the requirements of 49 C.F.R. 391.41, may be permitted to drive a vehicle, other than a vehicle transporting passengers, if the director finds that the granting of a waiver is consistent with highway safety and the public interest.

(2) The application shall be accompanied by the following:

(B) reports of medical examinations, administered by a licensed medical practitioner, that are satisfactory to the director; and

(C) letters of recommendation from at least **two** licensed medical practitioners, written on their personalized or institutional letterhead.

- (i) The reports and letters of recommendation shall indicate the opinions of the licensed medical practitioners regarding the ability of the driver to safely operate a commercial vehicle of the type to be driven.

**MOTOR CARRIER AGREEMENT**

A Motor Carrier that employs a driver with a waiver agrees to:

- (i) File promptly (within 30 days) with the designated state official such documents and information as may be required about driving activities, accidents, arrests, license suspensions, revocation withdrawals and convictions which involve the driver applicant. A Motor Carrier who employs a driver who has been issued a waiver must file the required documents with the designated state official for the state in which the driver has legal residence. If the Motor Carrier is a co-applicant on the waiver, then the Motor Carrier must file the required documents with the designated state official in the state in which the Motor Carrier has its principal place of business.
- (ii) Evaluate the driver who has been granted a state waiver with a road test, using the trailer the Motor Carrier intends the driver to transport or, in lieu of, accepts a certificate of a trailer road test from another Motor Carrier if the Trailer type(s) is similar, or accepts the trailer “on-highway” demonstration done during the skill performance evaluation if it is a similar trailer type(s) to that of the prospective Motor Carrier.
- (iii) Use the driver to operate the type of motor vehicle defined in the waiver only when the driver is in compliance with the conditions and limitations of the waiver.

**OTHER CONDITIONS**

- 1. The driver shall give **“written notification”** to the designated state official if there is a change:
  - A. Of employment
  - B. In driver tasks, that may alter the conditions of the waiver
  - C. Of residence and/or phone number that would effect the communications between the driver and the waiver issuing state.
- 2. The driver shall give notice to the employing Motor Carrier of any traffic infraction that will cause or may cause a judgment act against the driver or the Motor Carrier.
- 3. Two additional reporting requirements which must be made in writing to the Kansas Corporation Commission within 15 days; (1) judicial/administrative disposition of any citation for a moving violation while operating a CMV. (2) Any accident whatsoever while operating a CMV, include State, insurance company and/or motor carrier accident reports.
- 4. The designated state official may deny the application for a waiver or may grant it totally or in part and issue the waiver, subject to such terms, conditions, and/or limitations as deemed consistent with the public interest.
- 5. A minimum of **30 days notice** shall be given to the designated state official for requesting renewal of a waiver.

\_\_\_\_\_ Date: \_\_\_\_\_  
Driver Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Motor Carrier Signature

**(To Be Completed By Motor Carrier)**

The following is a universal job task description; your attention is directed to those boxes that have been checked as pertinent to this particular driver.

**A. Vehicle Type**

Straight Trucks

Many have up to 5 axles,  
Flatbed, tank or dump bodies.

Tractor-Trailers

Comprised of a power unit  
(tractor) and one or more trailers.

Motor Coach

- i. Short-relay drives 4-5 hours to a turnaround point, exchanges trucks and drives back to starting point.
- ii. Long-relay drives 8-10 hours, sleeps for 8 hours and returns to starting point.
- iii. Straight-through to destination, including coast to coast operations, and typically is away from home for \_\_\_\_ nights at a time.
- iv. Sleeper-team drives constantly for 4 hours followed by 4 hours in the bunk while co-driver drives and typically is away from home \_\_\_ nights at a time.

**B. Environmental Factors**

Drivers may be subject to:

- a. Abrupt duty hour changes
- b. Sleep deprivation
- c. Unbalanced work/rest cycles
- d. Temperature and weather extremes
- e. Long trips without regular meals
- f. Short notice to assignment of run
- g. Tight delivery schedule
- h. Delay enroute
- i. Others \_\_\_\_\_

**C. Physical Demand**

Moderate physical activity levels are associated with commercial vehicle driving. Perceptual skills are needed to monitor the driving situation for relevant information. Manipulation skills are needed to turn the steering wheel, applying brakes, shift the gears, etc. The demands imposed on a commercial driver's sensory organs and musculoskeletal systems are briefly discussed below.

- Gear Shifting: The movement of the gearshift lever(s) requires moderate strength, timely coordination, and complex manipulation skills of right upper and left lower extremity. This individual's vehicle will have a \_\_\_\_\_ speed manual transmission.
- Vehicle equipped with semi-automatic transmission (manual shifting but no clutch).
- Vehicle equipped with a fully automatic transmission.
- Control of steering wheel requires strength, mobility, and power grip of upper extremities while maintaining stability of trunk.
- Operation of brake and accelerator pedal requires moderate strength, mobility, and coordination movement in lower extremities.
- Various tasks during driving, such as: operating light switches, windshield wipers, directional signals, emergency lights, horn, etc.; requiring moderate strength, mobility, and manipulative skills of upper extremities.
- Backing and parking: requires good depth perception, strength, and coordinated manipulative skills.
- Vehicle inspection: driver must evaluate the mechanical condition of the various vehicular systems such as: tires, brakes, suspensions, engines, and cargo. Climbing, bending, kneeling, crawling, reaching, stretching, turning, twisting, are essential for proper vehicle inspection.
- Cargo handling and inspection: drivers may be required to handle cargo, climb up and down perpendicular ladders, and enter/leave the cab or cargo body many times a day.
- Coupling and uncoupling: tractor-trailer drivers may hook up one or more trailers, this requires strength and full range of motion to climb, balance turn, grip, and pull.
- Mounting snow chains on tires requires pulling/lifting motions in the range of 35-90 pounds.
- Changing tires requires a combination of pulling, pushing, lifting, and motions in the range of 100 to 75 pounds.
- Vehicle modification(s) made for this driver are: \_\_\_\_\_

**I certify that the information I provided in this application is true and correct to the best of my knowledge. Also, by signing below the applicant recognizes and acknowledges that if the waiver is granted it is only valid between points in Kansas while transporting intrastate freight and/or passengers.**

\_\_\_\_\_  
Driver Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Carrier Official (if applicable)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**UNILATERAL WAIVER/SPE CERTIFICATION PROGRAM APPLICATION**

**Please type or print clearly**

**Initial:** \_\_\_\_\_  
**Renewal:** \_\_\_\_\_

**Identification of Applicant**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Commercial Driver's License #: \_\_\_\_\_ State Issuing Driver's License: \_\_\_\_\_  
SSN: \_\_\_\_\_

**Please Check All That Apply**

- Limb Impairment or Amputation: \_\_\_\_\_ Description of Limb Impairment or Amputation: \_\_\_\_\_
- Diabetes: \_\_\_\_\_ Type: \_\_\_\_\_ Insulin: Yes \_\_\_\_\_ No \_\_\_\_\_ Oral or Injections: \_\_\_\_\_ Medication Taken: \_\_\_\_\_ Dosage: \_\_\_\_\_
- Vision Impairment: \_\_\_\_\_ Current Vision (each eye): Left: \_\_\_\_\_ Right: \_\_\_\_\_
- Hearing Impairment: \_\_\_\_\_
- Other Normally Disqualifying Impairment or Handicap: \_\_\_\_\_

**Description Of Driving Operation**

States of Operation: \_\_\_\_\_ Type Of Cargo: \_\_\_\_\_  
Average period of Driving Time: \_\_\_\_\_ Type of Operation (Team, Relay, etc.) \_\_\_\_\_  
\_\_\_\_\_  
Number of Years Driving Type of Vehicle In Application: \_\_\_\_\_  
Number of Years Driving All Types of Vehicles: \_\_\_\_\_

**Description of Vehicles(s)**

Vehicle Type (truck, truck tractor, bus, etc): \_\_\_\_\_ If Bus, Seating Capacity: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Transmission Type (automatic or manual): \_\_\_\_\_ Number of Forward Speeds: \_\_\_\_\_  
If Equipped with Auxiliary Transmission, Number of Forward Speeds: \_\_\_\_\_  
Rear Axle Speed (single, 2 speed, 3 speed): \_\_\_\_\_ Type of Brake System: \_\_\_\_\_  
Steering (Manual or Power Assisted): \_\_\_\_\_  
Description of Trailer(s): \_\_\_\_\_ Number Of Trailers To Be Towed At One Time: \_\_\_\_\_  
Years Experience Towing The Type(s) Of Trailers Indicated: \_\_\_\_\_  
Description Of Vehicle Modification(s): \_\_\_\_\_

**I Certify That I Am Otherwise Qualified Under Part 391 (Qualifications Of Drivers) Of The Federal Motor Carrier Safety Regulations Ant That All Information Is True And Accurate To The Best Of My Knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MOTOR VEHICLE DRIVING RECORD (MVR)

Your motor vehicle driving record, as recorded by the Kansas Department of Revenue, Driving Control, will be checked by our office. Your record must not contain any:

- a. *suspensions, cancellations, or revocations* of your driver's license for the operation of any type of motor vehicle (including personal vehicles).
- b. involvement in any accident as defined below, in which you were also convicted for a moving traffic violation in a CMV. This type of accident involves any of the following:
  1. a fatality;
  2. bodily injury to a person who, as a result, receives immediate medical treatment away from the scene of the accident;
  3. one or more of the vehicles involved sustained disabling damage, requiring it to be towed from the scene.
- c. convictions for a *disqualifying offense*, as specifically defined in 49 CFR 383.51 (b)(2). These include:
  1. driving a commercial motor vehicle while have a blood alcohol concentration of .08% or more, driving while under the influence of alcohol, or refusing to submit to alcohol testing;
  2. driving a commercial motor vehicle while under the influence of a controlled substance;
  3. leaving the scene of an accident involving a commercial motor vehicle;
  4. conviction for a felony involving the use of a commercial motor vehicle; or use of one in the commission of a felony involving manufacture or distribution of controlled substances.
- d. convictions for more than one *serious traffic violation* as specifically defined in 49 CFR 383.5, in separate incidents, while driving a CMV. These include:
  1. exceeding the posted speed limit by 15 miles per hour or more;
  2. reckless driving, as described in K.S.A. 8-1566
  3. improper or erratic traffic lane changes;
  4. following the vehicle ahead too closely;
  5. a moving traffic violation (of state or local law) arising in connection with a fatal accident
- e. More than two convictions for any other *moving traffic violations* while operating a CMV. Moving traffic violations do not include vehicle weight or equipment violations.

**Special Note:** Any moving traffic violation for which you are arrested or cited for, or convicted of, during the processing of this application, must be immediately reported to this office. Failure to do so may result in a denial or revocation of the waiver. No waiver will be issued while any charge against you (for what would be a disqualifying offence under 49 CFR 383.51) is still pending. Convictions occurring during the processing of this application will be considered in your overall driving record.

**82-4-6d.** Waiver of physical requirements. (a) Any person failing to meet the requirements of 49 C.F.R. 391.41, may be permitted to drive a vehicle, other than a vehicle transporting passengers, if the director finds that the granting of a waiver is consistent with highway safety and the public interest.

(b) The application for a waiver shall meet these requirements:

(1) The application shall be submitted jointly by the person seeking the waiver and by the motor carrier wishing to employ the person as a driver.

(2) The application shall be accompanied by the following:

(A) A copy of the driver applicant's motor vehicle driving record. Any changes to this record occurring after submission of the application shall be immediately forwarded to the commission;

(B) reports of medical examinations, administered by a licensed medical practitioner, that are satisfactory to the director; and

(C) letters of recommendation from at least two licensed medical practitioners, written on their personalized or institutional letterhead.

(i) The reports and letters of recommendation shall indicate the opinions of the licensed medical practitioners regarding the ability of the driver to safely operate a commercial vehicle of the type to be driven.

(ii) Letters of recommendation regarding vision impairment shall be provided by a licensed ophthalmologist or optometrist who treated the driver applicant.

(iii) Letters of recommendation regarding limb impairment or amputation shall include a medical summary conducted by a board of qualified, or board-certified, physiatrists or orthopedic surgeons, preferably associated with a rehabilitation center.

(iv) Letters of recommendation shall include a description of any prosthetic or orthopedic devices worn by the driver applicant.

(3) The application shall contain a description that is satisfactory to the director of the type, size, and special equipment of the vehicle or vehicles to be driven, the general area and type of roads to be traversed, the distances and time period contemplated, the nature of the commodities to be transported and the method of loading and securing them, and the experience of the applicant in driving vehicles of the type to be driven;

(A) If the applicant motor carrier is a corporation, the application shall be signed by a corporation officer and the driver applicant.

(B) If the applicant motor carrier is a limited liability company, the application shall be signed by a company officer and the driver applicant.

(C) If the applicant motor carrier is a limited liability partnership, the application shall be signed by at least one of the members of the partnership and the driver applicant.

(D) If the applicant motor carrier is a partnership, the application shall be signed by at least one of the members of the partnership and the driver applicant.

(E) If the applicant motor carrier is a sole proprietorship, the application shall be signed by the proprietor and the driver applicant.

(4) The application shall specify that both the person and the carrier will file periodic reports as required with the director. These reports shall contain complete and truthful information regarding the extent of the person's driving activity, accidents in which the person may have been involved, and all suspensions, or convictions in which the person is or has been involved.

(5) By completing the application, both the driver applicant and the motor carrier applicant shall be deemed to agree that upon grant of the waiver, they will fulfill all conditions of the waiver.

(c) Each driver applicant shall complete a skill performance evaluation administered by a commission driver waiver program manager or a commission handicapped driver waiver specialist. The driver and motor carrier applicants shall secure the vehicle and provide the necessary insurance for the skill performance evaluation. The skill performance evaluation may be waived if the driver applicant has otherwise met the regulatory requirements of 49 C.F.R. 391.49.

(d) If the application is approved, a driver medical waiver card signed by the director and accompanied by a letter acknowledging approval shall be issued by the commission. While on duty, the driver medical waiver card shall be in the driver's possession. The motor carrier shall retain the accompanying letter in its files at its principal place of business during the period the driver is in the motor carrier's employment. The motor carrier shall retain this letter for a period of 12 months after the termination of the driver's employment.

(e) If the application is denied, an order setting forth an explanation for the denial and specifying the procedure for appeal of the decision shall be issued by the commission.

(f) The waiver shall not exceed two years and shall be renewable upon submission and approval of a new application.

(g) All intrastate vision waiver recipients shall be subject to the following conditions:

(1) Each driver shall be physically examined every year by the following individuals:

(A) A licensed ophthalmologist or optometrist who attests that the vision in the better eye continues to meet the standard set forth in 49 C.F.R. 391.41(b)(10); and

(B) a licensed medical practitioner who attests that the individual is otherwise physically qualified under the standards set forth in 49 C.F.R. 391.41.

(2) Each driver shall provide a copy of the ophthalmologist's or optometrist's report to the medical practitioner at the time of the annual medical examination.

(3) Each driver shall provide the motor carrier with a copy of the annual medical reports for retention in the motor carrier's driver qualification files.

(4) Each driver shall provide a copy of the annual medical reports to the commission.

(h) The waiver may be revoked by the director after the applicant has been given notice of the proposed revocation and has been given a reasonable opportunity to show cause, if any, why the revocation should not be made.

(i) Each motor carrier and driver shall notify the director within 72 hours upon any conviction of a moving violation or any revocation or suspension of driving privileges.

(j) Transfers.

(l) Written notice shall be given to the director when any of the following occurs:

(A) A driver ceases employment with the "original employer" with whom the waiver was first granted.

(B) A change occurs in employment duties or functions.

(C) A change occurs in the driver's medical condition.

(2) Written notice shall be given by both the motor carrier and the driver within 10 days of any change in employment, duties, or functions, except in cases of termination of employment. Notice of termination of employment shall be given by both the motor carrier and the driver within 72 hours of termination.

(3) A waiver shall become void upon termination of employment from the motor carrier joint-applicant and until all requirements in this subsection are met.

(k) Renewals. An application for renewal of waiver shall be submitted 30 days before the expiration date of the existing waiver. (Authorized by and implementing K.S.A. 1999 Supp. 66-1,112; effective May 1, 1981; amended September 16, 1991; amended May 10, 1993; amended October 3, 1994; amended January 30, 1995; amended Jan. 4, 1999; amended July 14, 2000.)