Dear CDL Holder,

Our records indicate that you hold a New Hampshire commercial drivers license. Due to new federal regulations by the U.S. Department of Transportation, your CDL is being impacted.

The Federal Motor Carrier Administration now requires that all CDL holders or those applying for a CDL must meet federal physical requirements and provide their medical card to the Division of Motor Vehicles. All state driver licensing agencies are required to report and track medical cards.

If your CDL is up for renewal this year, please renew as you normally would and bring your medical card with you. If your license is not up for renewal this year, please use one of the following three (3) methods to supply the DMV with a copy of your medical card. Please keep in mind, all CDL holders will need to comply on or before January 30th 2014 or risk losing CDL privileges.

1. **In person**, you can go into any of our substations and fill out the form (DSMV 312), present the medical card and we can scan them into our system.

2. **Mail in**, please answer the questions on the back of this page and send in a photo copy of your license and medical card (we must have all 3).

    
    
    
    NH-DMV
    DRIVER LICENSING BUREAU
    23 HAZEN DRIVE
    CONCORD, NH  03305

3. **E-mail** the new form filled out and a scanned copy of the DRIVER LICENSE and MEDICAL CARD in PDF form (we must have all 3).

    NHCDLMEDCARDS@dos.nh.gov
Please read the following questions and answer YES or NO accordingly:

- **Interstate non-excepted**: You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements (e.g. – you are “not excepted”).
  - YES
  - NO

- **Interstate excepted**: You are an Interstate excepted driver and do not have to meet the Federal DOT medical card requirements.
  - YES
  - NO

- **Intrastate non-excepted**: You are an Intrastate non-excepted driver and are required to meet the medical requirements for your State.
  - YES
  - NO

- **Intrastate excepted**: You are an Intrastate excepted driver and do not have to meet the medical requirements for you State.
  - YES
  - NO

Signature: ____________________________________________ Date: ____________

Please attach a photocopy of your driver license and **current** medical card in space provided below.