

✚ From the Home screen, select Medical Examiner's Certificate

✚ Fill in the following information and select next:

- Date of Birth
- Driver's License Number
- State
- Cell Phone – If applicable
- Email – Required

Note: Please enter a valid email address in order to receive an automatic email notification that your Medical Examiner Certification has been received.

✚ If you are an existing Kentucky CDL License holder, some of your information will already be displayed. Please verify the below information is correct:

- First name, Last name, and Middle initial
- Home Address, City, State, and Zip

✚ Select if Yes or No that you are a CLP or CDL Applicant/Holder

✚ Select Intrastate or Interstate Driving Duties

✚ Select Restrictions If they apply

Note: Hold down the CTRL Key plus click to select multiple items. If you select Accompanied by a waiver/exception, a new dialog box will appear. Select the Waiver Exception.

✚ Enter the following information:

- Medical Examiner's First Name, Last Name and Phone
- Title

Note: If you select other title, please type in the other title

- National Register Number
- Examiner's State License, Certificate, or Registration Number
- Issuing Sate
- Yes or No if you are a school bus endorsement holder

Note: If you select "Yes" for school bus endorsement holder, the medical examiner's certificate expiration date has to be at least one year from the certification date.


- Date Certificate was Signed
- Medical Examiner's Certificate Expiration Date

✚ On the last step, select that "I certify that the information I have provided regarding Medical Examiner's Certificate is true and complete"

✚ Upload the image of your Medical Examiner's Certificate

- Select choose file
- Find your file and click open

✚ Select Submit when done

 You will receive a confirmation that you have submitted your Medical Examiner's Certificate.
Select home to return to the Home screen.