



- ✚ 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 Registry Number
  - Examiner's State License, Certificate, or Registration Number
  - Issuing Sate
  - 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.