



**CHAUFFEUR'S LICENSE RENEWAL  
NCO 3.10.040**

**Fee - \$50.00  
Fee After Expiration\* - \$75.00**

**Name:** \_\_\_\_\_ **CL #:** \_\_\_\_\_

1. \_\_\_ Renewal Application
2. \_\_\_ Copy of Valid Driver License
3. \_\_\_ Copy of Driving History – (Obtained within seven days prior to the date of renewal application) DMV 443-2350, Estimated Cost \$10.00
4. \_\_\_ Copy of Criminal History – (Obtained within seven days prior to the date of renewal application) AK State Troopers Office 443-2835, Estimated Cost: \$20.00
5. \_\_\_ Medical Certificate (Completed within 3 months of application)

\*Note: If Chauffeur's License has expired, holder must complete a **NEW** Application to accompany \$75.00 fee.

# CITY OF NOME

Office of the City Clerk  
P.O. Box 281  
Nome, AK 99762  
(907) 443-NOME

## Chauffeur's License Renewal Application 20\_\_\_\_

Date of Renewal Application: \_\_\_\_\_

1. Applicant Name in Full:

\_\_\_\_\_  
First Middle Last (\_\_\_\_) Phone

2. Physical Address of Applicant: \_\_\_\_\_  
Number Street City State

3. Mailing Address: \_\_\_\_\_  
P.O. Box City State

4. State Driver's License #: \_\_\_\_\_

5. List all previous residences for one (1) year preceding date of renewal application.

\_\_\_\_\_  
\_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

7. Are you a Citizen of the United States? Yes \_\_\_ No \_\_\_ (select one)  
by Birth \_\_\_\_\_ or by Naturalization \_\_\_\_\_ (if yes above, select one)

8. If Naturalized Citizen of the United States, fill in the following:

Court Granting Naturalization: \_\_\_\_\_

Place & Date of Naturalization: \_\_\_\_\_

Number of Certificate: \_\_\_\_\_

For verification attach a copy of documentation

9. How long have you resided in Nome, Alaska? \_\_\_\_\_

10. List the name and address of your present employer: \_\_\_\_\_

\_\_\_\_\_

11. If unemployed, what was the name and address of your last employer?  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_  
 If so, Where? \_\_\_\_\_ Date \_\_\_\_\_  
 Name/Address or Record Thereof \_\_\_\_\_
13. Have you ever been previously licensed as a chauffeur? Yes \_\_\_ No \_\_\_  
 Where? \_\_\_\_\_ Date \_\_\_\_\_ License Number \_\_\_\_\_
14. Has any driver's or chauffeur's license issued to you been suspended or revoked?  
 Yes \_\_\_ No \_\_\_  
 If yes, Date \_\_\_\_\_ Place \_\_\_\_\_  
 For what cause? \_\_\_\_\_
15. Physician's Examination Date: \_\_\_\_\_  
 Medical Certificate Included: YES \_\_\_ NO \_\_\_

I, \_\_\_\_\_, being first duly sworn, upon my oath depose and say that I have read the foregoing application and that the matters stated therein are true as I verily believe. In addition, by signing below I authorize the City of Nome to obtain & release my criminal background history.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SUBSCRIBED and SWORN to, before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

SEAL

\_\_\_\_\_  
 Notary Public for the State of Alaska

My Commission Expires: \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Nome Chief of Police, Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **City Clerk's Office, Date:** \_\_\_\_\_

<p><b>CITY CLERK USE ONLY:</b> License # Issued: _____ Date: _____ Amount Paid: _____ Receipt #: _____</p>
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## MEDICAL CERTIFICATION

### Chauffeur License

Name of Applicant: \_\_\_\_\_

#### **CHECK ALL THAT APPLY**

I have examined the applicant and:

1.) Declare applicant physically and mentally fit and the applicant meets the minimum standards of 49 CFR Part 391.41.

2.) Declare applicant unfit on the basis of a physical and or mental deficiency.

3.) Recommend the applicant have a follow-up exam as indicated:

\_\_\_\_\_

4.) Recommend the following procedures before approval can be given:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Printed Name of Examining Physician

# Code of Federal Regulations

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## Title 49 - Transportation

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Volume: 5

Date: 2018-10-01

Original Date: 2018-10-01

Title: Section Â§ 391.41 - Physical qualifications for drivers.

Context: Title 49 - Transportation. Subtitle B - Other Regulations Relating to Transportation (Continued). CHAPTER III - FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION, DEPARTMENT OF TRANSPORTATION. SUBCHAPTER B - FEDERAL MOTOR CARRIER SAFETY REGULATIONS. PART 391 - QUALIFICATIONS OF DRIVERS AND LONGER COMBINATION VEHICLE (LCV) DRIVER INSTRUCTORS. Subpart E - Physical Qualifications and Examinations.

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### § 391.41 Physical qualifications for drivers.

(a)(1)(i) A person subject to this part must not operate a commercial motor vehicle unless he or she is medically certified as physically qualified to do so, and, except as provided in paragraph (a)(2) of this section, when on-duty has on his or her person the original, or a copy, of a current medical examiner's certificate that he or she is physically qualified to drive a commercial motor vehicle. NOTE: Effective December 29, 1991, the FMCSA Administrator determined that the new Licencia Federal de Conductor issued by the United Mexican States is recognized as proof of medical fitness to drive a CMV. The United States and Canada entered into a Reciprocity Agreement, effective March 30, 1999, recognizing that a Canadian commercial driver's license is proof of medical fitness to drive a CMV. Therefore, Canadian and Mexican CMV drivers are not required to have in their possession a medical examiner's certificate if the driver has been issued, and possesses, a valid commercial driver license issued by the United Mexican States, or a Canadian Province or Territory and whose license and medical status, including any waiver or exemption, can be electronically verified. Drivers from any of the countries who have received a medical authorization that deviates from the mutually accepted compatible medical standards of the resident country are not qualified to drive a CMV in the other countries. For example, Canadian drivers who do not meet the medical fitness provisions of the Canadian National Safety Code for Motor Carriers, but are issued a waiver by one of the Canadian Provinces or Territories, are not qualified to drive a CMV in the United States. In addition, U.S. drivers who received a medical variance from FMCSA are not qualified to drive a CMV in Canada.

(ii) A person who qualifies for the medical examiner's certificate by virtue of having obtained a medical variance from FMCSA, in the form of an exemption letter or a skill performance evaluation certificate, must have on his or her person a copy of the variance documentation when on-duty.

(2) *CDL/CLP exception.* (i)(A) Beginning on January 30, 2015 and through June 21, 2021, a driver required to have a commercial driver's license under part 383 of this chapter, and who submitted a current medical examiner's certificate to the State in accordance with 49 CFR 383.71(h) documenting that he or she meets the physical qualification requirements of this part, no longer needs to carry on his or her person the medical examiner's certificate specified at § 391.43(h), or a copy, for more than 15 days after the date it was issued as valid proof of medical certification.

(B) On or after June 22, 2021, a driver required to have a commercial driver's license or a commercial learner's permit under 49 CFR part 383, and who has a current medical examiner's certificate documenting that he or she meets the physical qualification requirements of this part, no longer needs to carry on his or her person the medical examiner's certificate specified at § 391.43(h).

(ii) Beginning on July 8, 2015, and through June 21, 2021, a driver required to have a commercial learner's permit under part 383 of this chapter, and who submitted a current medical examiner's certificate to the State in accordance with § 383.71(h) of this chapter documenting that he or she meets the physical qualification requirements of this part, no longer needs to carry on his or her person the medical examiner's certificate specified at § 391.43(h), or a copy for more than 15 days after the date it was issued as valid proof of medical certification.

(iii) A CDL or CLP holder required by § 383.71(h) of this chapter to obtain a medical examiner's certificate, who obtained such by virtue of having obtained a medical variance from FMCSA, must continue to have in his or her possession the original or copy of that medical variance documentation at all times when on-duty.

(iv) In the event of a conflict between the medical certification information provided electronically by FMCSA and a paper copy of the medical examiner's certificate, the medical certification information provided electronically by FMCSA shall control.

(3) A person is physically qualified to drive a commercial motor vehicle if:

(i) That person meets the physical qualification standards in paragraph (b) of this section and has complied with the medical examination requirements in § 391.43; or

(ii) That person obtained from FMCSA a medical variance from the physical qualification standards in paragraph (b) of this section and has complied with the medical examination requirement in § 391.43.

(b) A person is physically qualified to drive a commercial motor vehicle if that person—

(1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a skill performance evaluation certificate pursuant to § 391.49;

(2) Has no impairment of:

(i) A hand or finger which interferes with prehension or power grasping; or

(ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a skill performance evaluation certificate pursuant to § 391.49.

(3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;

(4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.

(5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely;

(6) Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a commercial motor vehicle safely;

(7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his/her ability to control and operate a commercial motor vehicle safely;

(8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;

(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to drive a commercial motor vehicle safely;

(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant

binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;

(11) First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5—1951.

(12)(i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or other habit-forming drug.

(ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 CFR part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in § 382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

(13) Has no current clinical diagnosis of alcoholism.

[35 FR 6460, Apr. 22, 1970]

**Editorial Note:** For **Federal Register** citations affecting § 391.41, see the List of CFR Sections Affected, which appears in the Finding Aids section of the printed volume and at [www.fdsys.gov](http://www.fdsys.gov).

**Effective Date Note:** At 83 FR 47520, Sept. 19, 2018, § 391.41 was amended by revising paragraph (b)(3), effective Nov. 19, 2018. For the convenience of the user, the revised text is set forth as follows:

**§ 391.41 Physical qualifications for drivers.**

(b) \* \* \*

(3) Has no established medical history or clinical diagnosis of diabetes mellitus currently treated with insulin for control, unless the person meets the requirements in § 391.46;

**STATE OF ALASKA**  
**DIVISION OF MOTOR VEHICLES**  
**REQUEST FOR DRIVING RECORD BY MAIL**

There is a \$10 fee for each type of driving record selected. PLEASE PRINT CLEARLY.

**Submit request to DMV Research:**  
 1300 W. Benson Blvd., Suite 410  
 Anchorage, AK 99503  
 Phone: 907-269-3754  
 Email: [doa.dmv.research@alaska.gov](mailto:doa.dmv.research@alaska.gov)  
 Fax: (907) 269-5202

**SELECT RECORD TYPE:**

- FULL INDIVIDUAL RECORD**  
 Shows current driving record status, and includes all convictions, license actions, and at-fault accidents on record; includes full medical certification details for commercial (CDL) drivers.
- INSURANCE RECORD**  
 Shows current driving record status, and 3 or 5 year history of convictions, license actions, and at-fault accidents required for vehicle insurance purposes; excludes any medical certification information on record. (3 or 5 year reporting requirement is based on the type of conviction or action.)
- CDL EMPLOYMENT RECORD**  
 Shows current driving record status; full medical certification information; and conviction, license action, and at-fault accident information as required by DOT regulations for commercial (CDL) drivers. CDL drivers must select this type of record when used for CDL employment purposes.

**REQUESTOR INFORMATION**

Requestor Name		Phone Number	
Alaska Driver License Number	<b>OR</b>	Date of Birth	<b>AND</b>
		Social Security Number	

**RELEASE TO ANOTHER PERSON OR COMPANY (OPTIONAL)**

	By initialing this box I authorize the DMV to release my driving record to the person or company listed below:
Printed Name	Contact Phone Number

**I WANT MY RECORD TO BE SENT VIA:**  Email  Fax  Mail (Select only one)

Email Address	Fax Number
Mailing Address	
Signature of Requestor	Date (Valid for 90 days)

**PAYMENT INFORMATION – Credit card info may be submitted via phone or postal mail only. Please DO NOT email or fax this information. Requests will be held for 3 days. If payment information has not been received by that time the request will be discarded**

**Make check or money order payable to DMV or State of Alaska. DO NOT MAIL CASH.**

MasterCard or Visa #	Expiration Date
Name as shown on card	Security Code (3 digit code on back of card)

**I understand that my credit card will be charged \$10 for each driving record.**

Signature of credit card holder	Date (Valid for 90 days)
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**DMV USE ONLY**

<input type="checkbox"/> I have verified ID for in-person request	<b>BATCH</b>	<b>LOGIN ID / OFFICE</b>	<b>\$10</b>
Expiration Date:			<b>FEE:</b> CA    CC    CK



**STATE OF ALASKA  
DEPARTMENT OF PUBLIC SAFETY  
REQUEST FOR CRIMINAL JUSTICE INFORMATION  
From the Alaska Criminal History Record Repository**

**Original forms must be submitted to:**  
Criminal Records and Identification Bureau  
5700 E. Tudor Road, Anchorage, AK 99507  
Telephone: (907) 269-5767 Fax: (907) 269-5091  
Include fee: \$20 single copy, \$5 each additional copy  
Check or money order must be made payable to 'State of Alaska'

Type of information being requested (**from the record subject**): (Choose ONE)

1. Criminal Justice Information available **only to the SUBJECT**
- This report includes all criminal charges and dispositions, including any sealed record.
  - If the record subject has a sealed record this box **MUST** be checked
2. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**
- This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.
3. Criminal Justice Information available to an **INTERESTED PERSON**
- This report includes all criminal charges and dispositions, excluding sealed records

*A check or money order payable to the State of Alaska in the amount of \$20 **must** accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional \$5 per copy. State agencies with a Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.*

**Subject Name:** \_\_\_\_\_

Maiden/Alias name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Alaska Drivers License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: -Male Female Soc Sec No. \_\_\_\_\_

Telephone: \_\_\_\_\_ Msg: \_\_\_\_\_

**MAILING ADDRESS TO SEND REPORT:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If you would like the record faxed to you, provide a Fax Number: \_\_\_\_\_

**Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)**

**I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct.**

\_\_\_\_\_  
**Record Subject's Signature**

\_\_\_\_\_  
**Date**

**Criminal Records and Identification Bureau Use Only**

<input type="checkbox"/> Fee Payment Type _____	<input type="checkbox"/> Report Sent to Subject _____
<input type="checkbox"/> Fee Waiver/Authorization _____	<input type="checkbox"/> Report Sent to Requester _____
<input type="checkbox"/> OCA Number _____	<input type="checkbox"/> R&I Staff initials _____

Authority:

AS 11.56.210 - Unsworn Falsification

AS 12.62.160 – Release and Use of Criminal Justice Information; fees

AS 12.62.900 – Definitions

13 AAC 68 Article 4 – Dissemination of Criminal Justice Information

13 AAC 68.905 – Definitions

DPS Form 11/15/03

Revised 2/24/04

Revised 4/20/04

Revised 11/15/04

Revised 1/13/05

Revised 6/13/05