Beyond Wellness

Chiropractic Center

Seizure exemption: renewal application

For your DOT visit at Beyond Wellness

Dr. Kevin P. Lyons, DC
5035 W W.T. Harris Blvd, Suite A
Charlotte, NC 28269
Office: 704-461-1836
Return fax: 704-246-5156

Federal application instructions remain in effect

Follow the attached FMCSA submission instructions. This clinic cover sheet does not change the federal recipient or submit an application. If copies are requested for your DOT examination, contact Beyond Wellness to arrange their return.

For holders applying to renew an existing federal seizure exemption. Follow the timing and record instructions in this packet.

Complete only the sections assigned to you. Clinical findings, signatures, dates and qualification decisions have not been completed by the clinic in this packet.

U.S. Department
of Transportation

Federal Motor Carrier
Safety Administration

1200 New Jersey Ave, SE
Washington, DC 20590

THE FEDERAL SEIZURE EXEMPTION RENEWAL PROCESS

Dear Renewal Applicant:

If you have been issued a Federal exemption from the seizure standard under 49 CFR 391.41(b)(8) and you would like to renew it, you must submit the following information **no sooner than 3 months, but no later than 1 month** prior to the date your current exemption expires. If the information is not submitted in the specified timeframe, there is a chance that you will have a lapse in your ability to operate a commercial motor vehicle in interstate commerce. FMCSA must have adequate time to review and process your renewal request.

All information submitted for your renewal application will be subject to a thorough review to determine whether you currently meet the criteria to renew your exemption.

Please submit the following information:

1. A statement on letterhead from your treating physician (this must be dated within 3 months of the date you have submitted your request) that includes:
    a. The diagnosis.
    b. The date of the last seizure (month/year or year).
    c. The anti-seizure medication(s) dosage and frequency you are taking.
    d. The date of the last change in each anti-seizure medication, dosage and frequency **(month/year or year format)**. NOTE: If the applicant is **not** taking anti-seizure medication, the letter must indicate the date the applicant stopped taking the medication OR confirm the applicant has never taken anti-seizure medication.
    e. A sentence indicating the treating physician specifically states they support the applicant to drive a commercial motor vehicle in interstate commerce.

2. The most recent physical examination visit note(s) from your treating physician, including any information about your condition, such as:
    a. Medical history.
    b. Laboratory tests.
    c. Diagnostic tests.
    d. Any medications you are taking.

    NOTE: A copy of the physical qualification examination (DOT physical) **does not** suffice this requirement.

3. A legible copy of your driver's license, front and back.

4. A legible copy of your driving record for the last 3 years. **If you were involved in any crash or were convicted for any moving violation**, provide additional official documentation (e.g., a copy of the crash report or the citation).

   NOTE: The driving record must be dated within **3 months** of the date of your application.

5. An applicant statement indicating:
   a. Confirmation that you drive, or intend to drive, a commercial motor vehicle in interstate commerce.
   b. Type of vehicle you will drive, including the gross vehicle weight, and the DOT # (if applicable).

6. Completed and signed Authorization for Release of Medical Information Form.
   a. This form is available on FMCSA's website at: https://www.fmcsa.dot.gov/medical/driver-medical-requirements/medical-release-info-12-2006
   b. A sample of a completed form is available on FMCSA's website at: https://www.fmcsa.dot.gov/medical/driver-medical-requirements/medical-release-info-seizure-sample

Your information may be e-mailed, mailed or faxed (PLEASE DO NOT DO MORE THAN ONE).

E-mail to:

FMCSAseizureexemptions@dot.gov

Mail to:

Federal Motor Carrier Safety Administration
Seizure Exemption Program, W64-224
1200 New Jersey Avenue, SE
Washington, DC 20590

Fax to:

877-764-6920 and title the document – ATTENTION RENEWAL SEIZURE EXEMPTIONS

If you do not wish to renew your Federal seizure exemption, please notify FMCSA in writing.

If you have questions, contact FMCSA's Seizure Exemption Program at FMCSAseizureexemptions@dot.gov.

Sincerely,

FMCSA's Medical Programs Division