

**SUPPLEMENT APPLICATION
TEXAS COMMERCIAL DRIVER LICENSE
CERTIFICATIONS AND RECORD OF CDL EXAMINATION**

CDL-1 (Rev. 8/09)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK. The signature shall be WRITTEN in BLACK INK.

LAST NAME		/FIRST NAME			/MIDDLE NAME			/MAIDEN NAME									
DRIVER LICENSE NUMBER		BIRTH DATE				DESCRIPTION											
		MO.	DAY	YEAR	AGE NOW	EYE COLOR	HAIR COLOR	SEX	HEIGHT	WEIGHT							
RESIDENCE ADDRESS				MAILING ADDRESS				SOCIAL SECURITY NUMBER									
COUNTY				COUNTY													
City			State			Zip			City			State			Zip		

INSTRUCTIONS: Indicate the type license applicable for the vehicle(s) you will operate.

- | | | |
|--|--|--|
| CLASS | ENDORSEMENTS | AIRBRAKES |
| <input type="checkbox"/> Class A - CDL | <input type="checkbox"/> Double/Triple Trailer | <input type="checkbox"/> Tank Vehicle |
| <input type="checkbox"/> Class B - CDL | <input type="checkbox"/> Passenger | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Class C - CDL | | <input type="checkbox"/> Vehicle with Airbrakes |
| | | <input type="checkbox"/> Vehicle without Airbrakes |

Answer the following questions.

YES NO

1. Will you be operating a commercial motor vehicle in **INTERSTATE** or **FOREIGN** commerce?
If Yes, complete CDL-4, Qualifications of Interstate Driver Certification.
If No, complete CDL-5, Qualifications of Intrastate Driver Certification.
OR Complete CDL-10, Certificate of Physical Exemption.
2. Is your license or driving privilege now suspended, revoked, cancelled, denied, or disqualified?
Where? _____ When? _____ Why? _____
3. Has your license or driving privilege ever been suspended, revoked, cancelled, denied, or disqualified?
Where? _____ When? _____ Why? _____
4. Are you at this time placed out of service? Why? _____
5. Do you possess a driver license or instruction permit for **ANY** state(s) or jurisdiction(s)?
What state(s)? _____
6. Will you be taking the skills test in a vehicle that is representative of the type motor vehicle you operate or expect to operate?
If skills test is to be waived, complete CDL-3, Substitute for CDL Driving Skills Test.
7. Are you a citizen of the United States?

I DO SOLEMNLY SWEAR, AFFIRM, OR CERTIFY THAT I AM THE PERSON NAMED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION SUPPLEMENT ARE TRUE AND CORRECT. I FURTHER CERTIFY MY RESIDENCE ADDRESS IS A: () SINGLE FAMILY DWELLING, () APARTMENT, () MOTEL, () TEMPORARY SHELTER (check one), AND THAT IF I AM LICENSED I CURRENTLY POSSESS NO MORE THAN ONE DRIVER LICENSE.

Write Usual Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Notary Public or Authorized Officer

FOR DEPARTMENT USE ONLY

RECORD OF CDL EXAMINATION										EXAM			
Vehicle Make _____ Yr. _____ Vehicle Reg. _____ Trailer Reg. _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/> Bus <input type="checkbox"/>				MANEUVERS BAD FAIR GOOD									
				MERGE						RESULTS			
				Control			3	2	0				
				Observation			4	2	0				
				Position			3	2	0				
				Signal			3	2	0				
A & B PRETRIP INSPECTION				USE OF LANES									
AIRBRAKES FAIL PASS				Control			3	2	0				
Leak in System <input type="checkbox"/> <input type="checkbox"/>				Observation			4	2	0				
Warning Signals <input type="checkbox"/> <input type="checkbox"/>				Position			3	2	0				
Emergency Brakes <input type="checkbox"/> <input type="checkbox"/>				Signal			3	2	0				
MANEUVERS BAD FAIR GOOD				RIGHT OF WAY									
START				Control			2	1	0				
Control				Observation			4	2	0				
Observation				Signal			4	2	0				
Signal				POSTURE									
				Control			2	1	0				
				APPROACH TO CORNER									
				1st Control			2	1	0				
				Observation			4	2	0				
				2nd Control			2	1	0				
				Observation			4	2	0				
				TRAFFIC SIGNALS						EXAMINER			
BACKING				1st Control			2	1	0				
Control				Observation			3	2	0				
Observation				Position			2	1	0				
Position				Signal			2	1	0				
				2nd Control			2	1	0				
				Observation			3	2	0				
				Position			2	1	0				
				Signal			2	1	0				
				TRAFFIC SIGNALS						APPLICANT			
PARALLEL PARK				1st Control			2	1	0				
Control				Observation			3	2	0				
Observation				Position			2	1	0				
Position				Signal			2	1	0				
Signal				2nd Control			2	1	0				
				Observation			3	2	0				
				Position			2	1	0				
				Signal			2	1	0				
UPSHIFTING				LEFT TURNS									
Control				1st Control			2	1	0				
Position				Observation			3	2	0				
				Position			2	1	0				
				Signal			2	1	0				
				2nd Control			2	1	0				
				Observation			3	2	0				
				Position			2	1	0				
				Signal			2	1	0				
DOWNSHIFTING				RIGHT TURNS						PLACE			
Control				1st Control			2	1	0				
Position				Observation			3	2	0				
				Position			2	1	0				
				Signal			2	1	0				
				2nd Control			2	1	0				
				Observation			3	2	0				
				Position			2	1	0				
				Signal			2	1	0				
				3rd Control			2	1	0				
				Observation			3	2	0				
				Position			2	1	0				
				Signal			2	1	0				
				HAZ MAT						DATE			
				Hearing Deaf <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/>									
				VISION									
				Color Red <input type="checkbox"/> Green <input type="checkbox"/> Normal <input type="checkbox"/>									
				AIR BRAKES		ACUITY		Right		Left		Both	
						Corrected		20/		20/		20/	
						Uncorrected		20/		20/		20/	
				SKILLS TEST									
				COM- BINATION		BACKING		PARALLEL PARKING		ON STREET			
						1st							
						2nd							
						3rd							
INSIDE TESTS BY _____													
REMARKS _____													