

GOVERNMENT OF THE DISTRICT OF COLUMBIA, DEPARTMENT OF MOTOR VEHICLES

COMMERCIAL DRIVER LICENSE APPLICATION

- A. I would like to be an Organ and Tissue Donor: Yes
 B. I would like to register for Selective Service: Yes
 C. Do you want to register to vote? Yes No; or update your information Yes No (If yes, complete page 3 of the application)

APPLICANT INFORMATION:

Last Name		First Name		Middle Name		Suffix	
Address				Apt/Unit	City and State		Zip Code
					Washington, DC		
Date of Birth		Social Security Number		Gender		U.S. Citizen	What is your primary language?
				<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Weight	Height	Eye Color	Hair Color	Email Address			Telephone Number
Lbs.	Ft.	In.					() -

TRANSACTION TYPE: (check all that apply)

I am applying for: CDL Class A CDL Class B CDL Class C

Type: Conversion of Out of State to DC Renewal Learner Permit Duplicate Correction
 Upgrade Downgrade DC Intrastate (under 21) Professional Driver Instructor License

Endorsements: Air Brakes Passenger School Bus Hazardous Material Tanker Double/Triple Motorcycle

DRIVING HISTORY:

A. Do you have a driver's license from more than one state or jurisdiction? Yes No

B. Has your license or driving privilege ever been or subject to any disqualification, suspension, revocation, or cancellation? Yes No
 If yes, what jurisdiction(s)? _____

C. Has your application for a Driver License been denied in another state or country? Yes No
 If you answered Yes to question B or C, provide the date and reason for the suspension, revocation or refusal.

10 Yr DRIVER LICENSE HISTORY: Provide states where you have been licensed to drive any type of motor vehicle during the past 10 yrs

State	Driver License Number (if known)	Name (if different from above)

MEDICAL FITNESS: (Medical Examination Report Required)

Do you have a valid a Medical Certification Card? Yes No If yes, what is the expiration date? _____

Do you have the Medical Examination Report completed according to 49 CFR 391? Yes No

Physician's Name _____ Physician's License # _____ License State _____

APPLICANT'S CERTIFICATION:

An individual who operates a commercial motor vehicle in the District of Columbia is deemed to have consented to take a chemical test to determine the alcohol of his/her blood if he/she should be detained on suspicions of operating a motor vehicle under the influence of alcohol or drugs. Refusal to test will result in a 1 year revocation.

Applicant consents to the release of his/her complete driving history to an employer, any prospective employer, state law enforcement or licensing agencies, or local or national computer information systems.

Applicant certifies that within the past 2 years he/she has not been subject to any disqualification, suspension, revocation or cancellation of his/her driving privileges as a result of: 1) driving a commercial motor vehicle under the influence of alcohol; 2) refusing to undergo alcohol or drug testing as is required by any State or jurisdiction; 3) leaving the scene of an accident while driving a commercial motor vehicle; 4) commission of a felony involving the use of a commercial motor vehicle; 5) reckless driving; and 6) excessive moving violations.

Applicant certifies that he/she does not possess more than one (1) driver license.

Any person using a fictitious name or address and/or knowingly making a false statement on this application is in violation of D.C. Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (DC Official Code §22-2405). I hereby certify, under penalty of perjury, that the information contained on this application is true and correct.

Applicant's Signature: _____ **Date:** _____

Proof of Identity		Out of State License Number		Proof of Social Security Number		Proof of Residency	
Proof of Identity		State	Issue Date	Exp. Date	Official Use Only		Official Use Only
Proof of Identity				Vision	Examiner's Signature Date		