# LOUISIANA DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
# OFFICE OF MOTOR VEHICLES
# SUPPLEMENTAL FORM FOR CDL APPLICATION

_____
Full Name (last) (first) (middle)

_____
Mailing Address

_____
City/State/Zip (DL#/State issued)

_____
Date of Birth SSN:

All CDL applicants, answer the following questions: Circle one

1) Have you ever held a driver license in this or any other state within the past 10 years? If yes, list the state/s? _____ Y / N

2) Do you have a driver's license from more than one State or Jurisdiction? Y / N

3) Are your driving privileges currently or pending suspension, revocation, or cancellation under State law or disqualification under 49 CFR 383.51? Y / N

4) Do you meet the qualification requirements of 49 CFR 391? Y / N

5) You must self-certify as one of the following four types of commercial driver's:

___ **Interstate non-excepted**: You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements. In addition, La. R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's certificate.

___ **Interstate excepted:** You are an Interstate excepted driver and do not have to meet the Federal DOT medical card requirements, however, La R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's certificate.

___ **Intrastate non-excepted**: You are an Intrastate non-excepted driver and are required to meet the Federal DOT medical card requirements. In addition, La. R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's certificate.

___ **Intrastate excepted**: You are an Intrastate excepted driver and do not have to meet the Federal DOT medical card requirements, however, La R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's certificate.

I hereby certify that the motor vehicle in which I take/took the driving skills test is representative of the type of motor vehicle that I operate or expect to operate.

By my signature affixed below, I certify under penalty of law, that all statements on this application are true and correct.

_____ _____
Applicants signature Date

_____ _____
MVCA signature Date