

KENTUCKY TRANSPORTATION CABINET

DIVISION OF DRIVER LICENSING

COMMERCIAL DRIV	VER LICENSE	APPLICATION
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PLICATION DATE NA	ME (first)	(MI) (last)							
VER LICENSE # SO	CIAL SECURITY #	DATE OF BIRTH							
Male	Female	Are you a US Citizen or Permanent Resident? Yes No							
GHT Ft	In	EYE COLOR							
IGHT Lbs		Blue Gray Dichromatic Green Brow					Brown	Hazel	
ME ADDRESS (street)		СТТУ			STATE	ZIP			
MAILING ADDRESS (street)		СІТҮ			STATE	ZIP			
List all states where you have held any type of license in the prior 10 years. (Attach additional pages if necessary.)									
STATE	DATE ISSUED	LICENSE #			DOB				
Full name in which the License was held	(first)	(MI) (last)							
STATE	DATE ISSUED	LICENSE # DOB							
Full name in which the License was held	(first)	(MI) (last)							
STATE	DATE ISSUED	LICENSE #			DOB				
Full name in which the (first) (MI) (last) License was held									
STATE	DATE ISSUED	LICENSE #			DOB				
Full name in which the (first) (MI) (last) License was held Image: Comparison of the compa									
As a commercial driver license applicant, I certify that I meet the qualifications contained in part 391 of the Federal Motor Carrier Regulations. I certify that the motor vehicle in which I am applying to operate is representative of the type of vehicle I operate or expect to operate. I certify that I am not subject to any disqualification, suspension, revocation or cancellation. I certify that I do not have a driver's license from more than one state or jurisdiction. I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein and that the statements in this application are true and correct. I consent to the release of my driving record information as provided in KRS 187.310 and KRS 281A.100. CHECK ONE BLOCK ONLY I I certify I meet qualifications requirements contained in Part 391 of the Federal Motor Carrier Safety Regulations. I certify that I am not subject to Part 391 and provide documentation to substantiate. SIGNATURE									
	VER LICENSE # SO Image Male GHT Ft IGHT Lbs ME ADDRESS (street) ILING ADDRESS (street) all states where you have STATE Full name in which the License was held STATE Full name in which the License was held STATE Full name in which the License was held STATE Full name in which the License was held STATE Full name in which the License was held STATE Full name in which the License was held STATE Full name in which the License was held STATE Full name in which the License was held a commercial driver licer to carrier Regulations. e of vehicle I operate or ocation or cancellation. emnly swear or affirm ur ements in this application vided in KRS 187.310 an CK ON	VER LICENSE # SOCIAL SECURITY # Male Female GHT Ft IGHT Lbs ME ADDRESS (street) ILING ADDRESS (street) all states where you have held any type of li STATE DATE ISSUED Full name in which the (first) License was held STATE DATE ISSUED Full name in which the (first) License was held STATE DATE ISSUED Full name in which the (first) License was held STATE DATE ISSUED Full name in which the (first) License was held STATE DATE ISSUED Full name in which the (first) License was held STATE DATE ISSUED Full name in which the (first) License was held ocommercial driver license applicant, I certify tor Carrier Regulations. I certify that the more e of vehicle I operate or expect to operate. I ocation or cancellation. I certify that I do not emmly swear or affirm under penalty of perju ements in this application are true and corredyide in KRS 187.	VER LICENSE # SOCIAL SECURITY # DATE OF B	VER LICENSE # SOCIAL SECURITY # DATE OF BIRTH Male Female Are you a US Citizen of GHT GHT Ft In IGHT Lbs Blue Gray WE ADDRESS (street) CITY ILING ADDRESS (street) CITY all states where you have held any type of license in the prior 10 y STATE DATE ISSUED LICENSE # Full name in which the (first) (MI) (last) License was held DATE ISSUED LICENSE # Full name in which the (first) (MI) (last) License was held DATE ISSUED LICENSE # Full name in which the (first) (MI) (last) License was held DATE ISSUED LICENSE # Full name in which the (first) (MI) (last) License was held DATE ISSUED LICENSE # Full name in which the (first) (MI) (last) License was held STATE DATE ISSUED LICENSE # Full name in which the (first) (MI) (last) License was held State OATE ISSUED LICENSE #	VER LICENSE # SOCIAL SECURITY # DATE OF BIRTH	VER LICENSE # SOCIAL SECURITY # DATE OF BIRTH Male Female Are you a US Citizen or Permanent Resider GHT Lbs EYE COLO GHT Lbs Blue Gray Dichromatic YER ADDRESS (street) CITY STATE ILING ADDRESS (street) CITY STATE all states where you have held any type of license in the prior 10 years. (Attach addit STATE DATE ISSUED LICENSE # DOB Full name in which the (first) (MI) (last) License was held STATE DATE ISSUED LICENSE # DOB Full name in which the (first) (MI) (last) License was held STATE DATE ISSUED LICENSE # DOB Full name in which the (first) (MI) (last) License was held STATE DATE ISSUED LICENSE # DOB Full name in which the (first) (MI) (last) License was held STATE DATE ISSUED LICENSE # DOB Full name in which the (first) (MI) (last) License was held Corenter Regulat	VER LICENSE # SOCIAL SECURITY # DATE OF BIRTH	VER LICENSE # SOCIAL SECURITY # DATE OF BIRTH	