



DIVISION OF DRIVER LICENSING

COMMERCIAL DRIVER LICENSE APPLICATION

APPLICATION DATE	NAME <i>(first)</i> <i>(MI)</i> <i>(last)</i>		
DRIVER LICENSE #	SOCIAL SECURITY #	DATE OF BIRTH	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a US Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HEIGHT Ft In	EYE COLOR		
WEIGHT Lbs	<input type="checkbox"/> Blue	<input type="checkbox"/> Gray	<input type="checkbox"/> Dichromatic <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Hazel
HOME ADDRESS <i>(street)</i>	CITY	STATE	ZIP
MAILING ADDRESS <i>(street)</i>	CITY	STATE	ZIP

List all states where you have held any type of license in the prior 10 years. *(Attach additional pages if necessary.)*

1.	STATE	DATE ISSUED	LICENSE #	DOB
	Full name in which the <i>(first)</i> <i>(MI)</i> <i>(last)</i> License was held			
2.	STATE	DATE ISSUED	LICENSE #	DOB
	Full name in which the <i>(first)</i> <i>(MI)</i> <i>(last)</i> License was held			
3.	STATE	DATE ISSUED	LICENSE #	DOB
	Full name in which the <i>(first)</i> <i>(MI)</i> <i>(last)</i> License was held			
4.	STATE	DATE ISSUED	LICENSE #	DOB
	Full name in which the <i>(first)</i> <i>(MI)</i> <i>(last)</i> License was held			

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 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 DATE

Blank space for signature and date.