



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

445 Minnesota Street
Saint Paul, MN 55101-5180

Phone: (651) 297-5029
Web: dvs.dps.mn.gov

Military CDL Road Test Waiver - 49 CFR 383.77

After completing appropriate CDL knowledge tests, submit this form with driver's license application (PS33100-26) to the exam station or driver's license agent.

- If you have questions or need additional information, please contact DVS at (651) 296-2025.

PRINT OR TYPE

First Name

Middle Name

Last Name

DL Number (OMIT DASHES)

Social Security Number

Date of Birth (mm/dd/yy)

Please read the following statement carefully.

During the two-year period immediately prior to my application for a CDL, I certify that:

- I have not had more than one license;
- My driving privileges have not been suspended, revoked, or cancelled;
- I have not had a conviction for any of the following disqualifying offenses in any type of motor vehicle:
 - driving under the influence of alcohol or a controlled substance;
 - refusing to take an alcohol test under implied consent laws;
 - leaving the scene of an accident;
 - using a vehicle to commit a felony;
 - causing a fatality through the negligent operation of a vehicle;
- I have not had more than one serious traffic violation conviction as follows, committed in any type of motor vehicle:
 - driving 15 MPH or more over the posted speed limit;
 - reckless driving;
 - improper or erratic lane changing;
 - following too closely;
 - violating a traffic law arising in connection with a fatal accident;
 - driving a vehicle without the proper class of license and/or endorsements;
- I have not had any conviction for a violation of a law or ordinance relating to motor vehicle traffic control (other than a parking violation) arising in connection with any traffic accident, and have no record of an accident in which I was at fault;
- *I have operated a vehicle representative of the commercial motor vehicle (CMV) I operate or expect to operate;
and
- I am regularly employed in a job requiring operation of a CMV.

* Evidence of CMV driving experience must be submitted with this form.

I certify that the above statements are true and correct.

Signature _____

Date (mm/dd/yy)