

Missouri Department of Revenue
**Application for Military Commercial
 Driver License (CDL) Skills Test Waiver**

This form may be used by qualified active duty or retired military applicants. This waiver allows a qualified military applicant to apply for a Commercial Driver License (CDL) without skills testing. CDL knowledge (written) test(s) are not waived and must be submitted to the license office along with this application.

Applicant Information	Name (Last, First, and Middle)		Driver License Number		
	Residence Address (Street)	City	State	Zip Code	County
	Mailing Address (If Different)	City	State	Zip Code	County

Driver Record Certification	During the two years before today's date:
	• Have you had more than one license? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Has your license been suspended, revoked, cancelled, or disqualified in this or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of causing a fatality through the negligent operation of a commercial motor vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of using any vehicle in the commission of a felony involving the manufacturing, distributing, or dispensing of a controlled substance? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of driving a commercial motor vehicle without a commercial license? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of driving a commercial motor vehicle without a commercial license in your possession? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of driving a commercial motor vehicle without the proper class or endorsements? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of driving a commercial motor vehicle while using a hand-held mobile phone? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of driving a commercial motor vehicle while texting? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of driving while intoxicated or driving while under the influence of alcohol (includes BAC)? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of driving while under a controlled substance or refusal to submit to an alcohol test? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of leaving the scene of an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of a felony involving a motor vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of speeding 15 or more MPH over the posted speed limit? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of careless and imprudent driving? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of following too closely? <input type="checkbox"/> No <input type="checkbox"/> Yes
	• Have you been convicted of improper lane change? <input type="checkbox"/> No <input type="checkbox"/> Yes
• Have you been convicted of a violation in connection with a fatal accident? <input type="checkbox"/> No <input type="checkbox"/> Yes	
• Have you been convicted of any state law or county or municipal ordinance relating to the operation of any type of motor vehicle in connection with an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes	
• Have you had more than one conviction for any type of motor vehicle for serious traffic violations? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Driving Experience	Have you been regularly employed in a job requiring operation of a commercial motor vehicle and have operated the vehicle for at least sixty days during the two years immediately preceding this application for a commercial driver license? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Is the vehicle you have operated representative of the commercial motor vehicle you currently operate or expect to operate? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Select one that applies: <input type="checkbox"/> I have been honorably discharged from military service. I am providing proof of military service (a copy of Form DD214); a notarized statement specifying the types of commercial vehicles I am qualified to operate completed by my former commanding officer on the reverse of this form; and a copy of my military driving record. <input type="checkbox"/> I am an active duty member of the Armed Forces. I am providing a notarized statement specifying the types of commercial vehicles I am qualified to operate completed by my commanding officer on the reverse of this form; and a copy of my military driving record.

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
	Applicant's Signature	Title
	Printed Name	Date (MM/DD/YYYY) ____/____/____

This remainder of the form is to be completed by your commanding officer and notarized.

Commanding Officer's Name (Last, First, and Middle)		Telephone Number (____) _____ - _____		
Residence Address (Street)	City	State	Zip Code	County

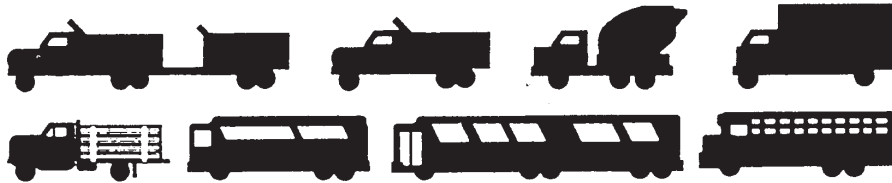
I hereby certify the applicant on this form has operated the following commercial class vehicles a minimum of sixty days within the two years prior to this application.

Select the boxes below for the classes of vehicle operated.

Class A
Any combination of vehicles with a Gross Combination Weight Rating (GCWR) of 26,001 or more pounds provided the Gross Vehicle Weight Rating (GVWR) of the vehicle(s) being towed is in excess of 10,000 pounds.



Class B
Any single vehicle with a Gross Combination Weight Rating (GCWR) of 26,001 or more pounds or any such vehicle towing a vehicle not in excess of 10,000 pounds of GVWR.



Class C
Any single vehicle less than 26,001 pounds GVWR or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR. This group applies only to vehicles which are placarded for hazardous materials or are designed to transport 16 or more persons, including the operator.



Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Commanding Officer's Signature	Title
Printed Name	Date (MM/DD/YYYY) ____/____/____

Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this _____ day of _____ year		
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) ____/____/____
	Notary Public Signature		
	Notary Public Name (Typed or Printed)		

Driving Experience Certification

Signature

Notary Information

Mail to: Driver License Bureau
P.O. Box 200
Jefferson City, MO 65105-0200

Phone: (573) 751-2730
Fax: (573) 522-8174
E-mail: dlbmail@dor.mo.gov

Visit <http://www.dor.mo.gov/drivers/> for additional information.

Form 5140 (Revised 09-2013)

