



**TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY  
CDL SKILLS TEST  
MILITARY WAIVER APPLICATION**



**Purpose:** Use this form to request a military waiver of the Commercial Driver's License (CDL) Skills Test when applying for a CDL for vehicle class(es) representative of the Commercial Motor Vehicle (DMV) you operated during your military service.

**Instructions for disharged military personnel:** This form must be signed by the commanding officer or designee, and submitted at any Full-Service Driver Service Center within 90 calendar days of being discharged.

**Instructions for active military personnel:** This form must be submitted within 90 days of the commanding officer or designee signature date.

**ELIGIBILITY INFORMATION**

**To qualify for a CDL Skills Test Waiver, the applicant must meet the following eligibility requirements:**

- Be a Tennessee Resident
- Hold a Tennessee driver's license or be eligible for a Tennessee driver's license
- Successfully pass the CDL Knowledge Tests
- Present an Active Duty/Military ID Card, DD214 (other than-dishonorable discharge), DD256, NGB-22 or WD AGO)
- Meet the requirements of FMCSA Regulation 383.77.

**APPLICANT INFORMATION**

APPLICANT FULL LEGAL NAME (PRINT) (LAST NAME)				FIRST NAME	MIDDLE	SUFFIX	BIRTHDATE (mm/dd/yyyy)
SOCIAL SECURITY NUMBER		TN DRIVER LICENSE NUMBER		SERVICE BRANCH (specify)			

**APPLICANT DRIVING RECORD**

<input type="checkbox"/> YES	<input type="checkbox"/> NO	I am regularly employed or was regularly employed within the last 90 days in a military position requiring operation of a commercial motor vehicle: AND.	DISCHARGE DATE (FROM DD214) MMDDYYYY
<input type="checkbox"/> YES	<input type="checkbox"/> NO	For at least 2 years immediately preceding this application due if actively serving, or preceding the date of my military discharge, I operated a vehicle	

**During the 2 years before the date of this application:**

Have you had more than one license? (except for a military license) <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any license suspended, revoked, or cancelled in this state or any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**During the 2 years before the date of this application, have you been convicted of any of the major offenses listed below?**

Driving with a blood alcohol content (BAC) of 0.08% or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No	Using a vehicle to commit a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Being under the influence which also includes a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driving a Commercial Motor Vehicle (CMV) when, as a result of prior violations committed operating a CMV, your CDL is revoked, suspended or canceled or you were disqualified from operating a CMV? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operating a commercial vehicle with a BAC of 0.04% or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No	Causng a fatality through the neglignet operation of a CMV? <input type="checkbox"/> Yes <input type="checkbox"/> No
Refusing blood and/or breath test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Leaving the scene of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**During the 2 years before the date of this application, have you received more than one conviction for the serious traffic violations listed below while operating any type of motor vehicle (CMV or otherwise)?**

**Check the number of convictions below for each violation**

	NONE	1	2+		NONE	1	2+
Speeding 15 or more miles per hour in excess of the posted speed limit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving a commercial motor vehicle without the proper CDL class and/or endorsements for the specific vehicle group being operated or for the passengers or type of cargo being transported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving recklessly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Texting while operating a commercial motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improper or eratic lane changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using a hand-held mobile phone while operating a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following the vehicle ahead too closely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any offense while driving a commercial motor vehicle involving a railroad crossing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A violaton in connection with a fatal traffic crash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving a commercial motor vehicle without a CDL in your possession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving a commercial motor vehicle without obtaining a CDL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**APPLICANT CERTIFICATION**

I hereby certify and affirm that all information I have completed in this application is true and correct, and that any documents I have presented to the Tennessee Department of Safety and Homeland Security are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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COMMANDING OFFICER/DESIGNEE CERTIFICATION FOR PERSONS ON ACTIVE DUTY

During the 2 years immediately preceding the date of this application, while under my command, the applicant held a Military Operators Permit and operated vehicles representative of the FMCSA 49 C.F.R. Subpart F 383.91 classification(s) checked below.

Check all that apply.

Class A

Any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more if the vehicle(s) being towed has a gross vehicle weight rating (GVWR) of more than 10,000 pounds. (eg: tractor-trailer s, truck and trailer

- In this vehicle class, the applicant operated:

Vehicle equipped with air brakes

Class B

Any single vehicle with a GVWR of 26,001 pounds or more, and such vehicle towing another vehicle with a GVWR of 10,000 pounds or less. (eg: straight trucks, large buses, segmented buses, trucks towing vehicles with GVWR of 10,000 pounds or less)

- In this vehicle class, the applicant operated:

Vehicle equipped with air brakes

Passenger carrying vehicle (16 or more passengers including the driver)

School Bus

Class C

Any vehicle that is not included in classes A or B and is either used to transport hazardous materials requiring federal placards or is designed to carry 16 or more passengers, including the driver.

- In this vehicle class, the applicant operated:

Vehicle equipped with air brakes

Passenger carrying vehicle (16 or more passengers including the driver)

I certify and affirm that all information I have provided in the above section is true and correct, and that any documents that I have presented to the Tennessee Department of Safety and Homeland Security are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly make a false statement or representation on this form is a criminal violation.

COMMANDING OFFICER/DESIGNEE FULL LEGAL NAME (print) (last) (first) middle suffix	RANK
COMMAND ADDRESS CITY STATE ZIPCODE	TELEPHONE NUMBER
COMMANDING OFFICER/DESIGNEE SIGNATURE	SIGNATURE DATE (mm/dd/yyyy)

State of \_\_\_\_\_, County of \_\_\_\_\_

NOTARY PUBLIC SEAL

Sworn to before me, in my presence, this the \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public Name (Print below)

Notary Public Signature (Sign below)

My Commission expires \_\_\_\_\_