

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MOTOR VEHICLES
COMMERCIAL DRIVER LICENSE SUPPLEMENTAL FORM**

APPLICANT INFORMATION:			
Last Name	First Name	Middle Name	Suffix
Date of Birth	Social Security Number	State/Driver License Number	
___/___/___	___/___/___		

INTERSTATE/INTRASTATE CLASSIFICATION: Please check (v) one

INTERSTATE DRIVER

I meet the qualification requirements of Part 391 of the Federal Motor Carrier Safety Regulations.

I am exempt from the qualification requirements of Part 391 of the Federal Motor Carrier Safety Regulations and provide documentation to substantiate.

INTRASTATE DRIVER (DC Official Code §50-402 and 18 DCMR Chapter 13)

I meet the qualification requirements of the DC Motor Carrier Driver's License statutes and regulations.

MEDICAL FITNESS:

In the past (5) years, have you had or been treated for any of the following?

Alzheimer Yes No

Insulin Dependent Diabetic Yes No

Glaucoma, Cataracts or Eye Disease Yes No

Seizure or loss of consciousness Yes No If yes, when was the last seizure? _____

Are you a habitual alcohol/drug user? Yes No

Do you have any other mental or physical conditions that would impair your ability to drive? Yes No

Do you require corrective lenses or eye glasses for the vision screening test? Yes No

Are you required to wear a hearing device while driving? Yes No

MOTOR VEHICLE CLASSIFICATION:

I certify that the motor vehicle in which I completed my driving skills test is representative of the type of motor vehicle in which I operate or expect to operate.

Applicant's Signature: _____ **Date:** _____

HAZARDOUS MATERIAL CERTIFICATION:

If applying for a Hazardous Material Endorsement, I certify that I have complied with Transportation Security Administration requirements codified in 49 CFR Part 1572, and provided my proof of citizenship or immigration status and Resident Alien number.

Applicant's Signature: _____ **Date:** _____

APPLICANT CERTIFICATION:

Any person using a fictitious name or address and/or knowingly making a false statement on this application is in violation of D.C. Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (DC Official Code §22-2405). I hereby certify, under penalty of perjury, that the information contained on this application is true and correct.

Applicant's Signature: _____ **Date:** _____