

Check appropriate box:

Issue License
 Knowledge/Permit Test
 Change of Information
 Out-of-State Conversion
 Renewal
 Duplicate

Fees are payable by Cash, Check, Money order, MasterCard, Visa, American Express or Discover. Go online to www.massrmv.com for additional payment options.
If paying by check, make payable to MassDOT PLEASE FILL OUT FORM CLEARLY IN BLACK OR BLUE INK

A	IDENTIFICATION REQUIREMENTS	
	You must be at least 18 years of age to apply for a CDL and must present three (3) forms of ID which include: • Proof of date of birth • Proof of signature • Proof of Massachusetts residency You must also produce your social security number (SSN) that the RMV can verify with the U.S. Social Security Administration (SSA) as having been issued to you.	Please see the Class D and M Driver's Manual for the identification requirements you must satisfy to obtain a license and the list of "Acceptable Forms of Identification" that may satisfy those requirements. The list is also on our website at www.massrmv.com . Study the Commercial Driver's Manual to prepare for the knowledge test and road test. If you have been residing in this state for 30 days or more, you cannot operate a Commercial Motor Vehicle with a CDL issued by another jurisdiction.

License Class		CDL Endorsements Applying For: (For Class A, B, or C)	
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M		<input type="checkbox"/> Air Brakes <input type="checkbox"/> Combo <input type="checkbox"/> Hazmat <input type="checkbox"/> Passenger <input type="checkbox"/> Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> School Bus	

B	GENERAL INFORMATION		Eye Color:	Hair Color:	Weight:												
	MA Assigned CDL Permit/License Number		Date of Birth		Social Security Number												
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														Month	Day	Year
	Last Name		First Name		Middle Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F											
	Mailing Address (Where you want us to send your Driver's License and future notices from the RMV) U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox.		City/State		Zip Code												
Residential Address (Where you actually reside) <input type="checkbox"/> Same as above		City/State		Zip Code													

C	REQUIRED INFORMATION (Use additional paper if needed for these questions) Question 12 to be completed for Knowledge/Permit Test only	
	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to be, or continue to be, registered as an organ & tissue donor? If yes, the RMV will provide this information to federally-designated organ procurement organizations serving the Commonwealth, and will print this designation on your CDL license.
	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active duty member of the U.S. Armed Forces?
	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your license/ID? If you are not a veteran, check "No." NOTE: If yes, proof of honorable discharge must be presented.
	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently licensed to drive in any state, country, or jurisdiction (including the District of Columbia)? If yes, where? _____ Class of License: _____ License # _____
	5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Except for the above, are you currently licensed to drive, regardless of class of license, in any other state, country, or jurisdiction? If yes, where? _____ Class of License: _____ License # _____
	6. <input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 10 years, have you held any class of driver's license in another state, country, or jurisdiction? If yes, where? _____ Class of License _____ License # _____
	7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had, or do you have, a license under any other name in this or another state or jurisdiction? If yes, what name? _____ What state: _____ License # _____
	8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any medical condition that may affect your ability to safely operate a motor vehicle? (The RMV's Medical Advisory Board has established standards to determine fitness to operate a motor vehicle. Ask an RMV Branch Representative for a summary of these standards or visit our website at www.massrmv.com for the complete list of these standards.)
	9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently taking any medication that may affect your ability to safely operate a motor vehicle? (Note: If you answered "yes" to questions #8 or #9, the RMV Branch Representative must contact the Medical Affairs Branch (MAB).)
	10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you subject to any driver disqualification under 49 CFR Section 383.51 of the Federal Motor Carrier Safety Regulations?
	11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in another state, country, or jurisdiction? If yes, where? _____ Why? _____ Exp. Date: _____ (Note: If you answered yes, additional documentation may be required)
	12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the motor vehicle that you will use for the driving skills test representative of the class of vehicle which you operate or intend to operate?
	13. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you meet all the driver qualification requirements of the Federal Motor Carrier Safety Regulations, 49 CFR Part 391? If you answered "Yes" to # 13, do not answer # 14.
14. <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered "No" to question #13, do you meet state qualification standards for a commercial driver? (If you answer "Yes" to # 14 you agree that you are not allowed to operate in interstate commerce and will be restricted to travel only in Massachusetts on your CDL.)	

RMV USE ONLY	
Date:	Initial:

9011-WALK-IN

D	OUT-OF-STATE CDL LICENSE CONVERSION YOU MUST TURN-IN YOUR OUT-OF-STATE CDL AND ANY NON-CDL LICENSE.			
	License Number	State	License Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M	Issue Date (month/day/year)
CDL Endorsements Held: <input type="checkbox"/> AIR BRAKES <input type="checkbox"/> COMBO <input type="checkbox"/> HAZMAT <input type="checkbox"/> PASSENGER <input type="checkbox"/> TANK <input type="checkbox"/> DOUBLES/TRIPLES <input type="checkbox"/> SCHOOL BUS			Expiration Date (month/day/year)	

E	CHANGE OF INFORMATION CDL holders must apply for an amended license within 30 calendar days to reflect any change of name, mailing address, or residence.		
	<input type="checkbox"/> Check here if your name has changed. Please print your new name in the General Information section and your previous name below.		
	Last Name	First Name	Middle Name
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Mailing Address .		
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Residential Address .		
<input type="checkbox"/> Check here if height has changed. Current height is ft. _____ in. _____		<input type="checkbox"/> Other	
<input type="checkbox"/> Check here if <i>gender designation</i> has changed. Note: Additional documentation will be required. Change gender designation to: <input type="checkbox"/> Male <input type="checkbox"/> Female			

F	VOTER REGISTRATION to be completed by all applicants	
	To register to vote in Massachusetts you must be: A U.S. CITIZEN, a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be a town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.	
	1. Do you want to register to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No • Check "Yes" if you want to register to vote, or you are changing your name or address and want to be registered to vote with this new information. • Check "No" if you are currently registered to vote and do not want to change your voter registration If you answered "yes," complete question #2 and read the Affirmation Section below.	2. Check all that apply: Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be at least 18 years of age or older on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If you answered "no" to either of these questions, do not complete question #3. You are not eligible to register to vote at this time.
	3. Please indicate party enrollment or political designation (check one). <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> No Party (unenrolled) <input type="checkbox"/> Political Designation (not a political party): _____ <i>(Print desired designation.)</i>	
	PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT	

AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE
If you are registering to vote, when you sign your name at the counter to complete this transaction, you will be swearing (affirming) that you are the person identified on this form; that the information on this form is true; THAT YOU ARE A CITIZEN OF THE UNITED STATES ; that you are not a person under a guardianship which prohibits you from registering to vote; that you are not temporarily or permanently disqualified by law from voting because of corrupt practices with respect to elections; and that you consider the residential address recited on this form to be your home address.
Confidentiality of voter registration information: If you register to vote, the office at which you submit your application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes. Penalty for illegal voter registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L., Chap. 56, Section 8).

G	CERTIFICATION AND SIGNATURE OF APPLICANT [SIGNATURE IS REQUIRED]								
	I understand this Application will be processed through the <i>National Driver Register (NDR)</i> and the <i>Commercial Driver License Information System (CDLIS)</i> to verify the status of my operating privileges in other states and that my Social Security Number (SSN) will be verified with the <i>Social Security Administration</i> . I also understand that Federal law requires the Registrar to check my driving records in all jurisdictions where I have been licensed in the past 10 years and to respond to similar requests from other states and Canadian territories and provinces, from employers or prospective employers, and from insurers, as applicable and that other requests may be governed by the federal <i>Driver Privacy Protection Act</i> . I consent to the release of these records.								
	I have reviewed this completed <i>Application Form</i> , including the <i>Voter Registration</i> section, and hereby apply for a <i>Commercial Driver License (CDL)</i> . I certify under the penalties of perjury that the information I have provided in this <i>Application Form</i> is true and complete. I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24.								
Signature: _____ Date: _____	MA Assigned CDL Permit/License Number <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								
[The Registrar reserves the right to recall any permit or license if it is later determined that the applicant was not qualified for such permit or license.]									

Official Notice: Massachusetts law requires persons convicted of a sex offense to register with their local police departments. For information, call 1-800-93MEGAN.
For customer service: Contact our Phone Center at 857-368-8000 Weekdays 9 a.m.- 5 p.m.
Please visit our website for more information at www.massrmv.com
Important Note: CDL drivers and applicants must self-certify and provide a copy of their U.S. DOT Medical Certificate if required.



CDL SELF-CERTIFICATION FORM

As a Commercial Driver's License (CDL) or permit holder, you are federally required to inform the Registry of Motor Vehicles (RMV) of the type of commerce in which you operate (interstate or intrastate), and whether or not you are required to hold a medical certificate. Your initial self-certification must be completed prior to the January 30, 2014 deadline. If you are an NI or NA categorized driver, you will need to re-certify, using this same form, prior to each expiration of your medical card. Depending on the validity period of your card, you will most likely have to re-certify every 1-2 years. Failure to complete your initial self-certification, or to re-certify by your self-certification expiration date thereafter, will result in the downgrade of your CDL to a Class D license. EI and EA categorized drivers will be required to re-certify every five years at the time of license renewal. A driver may also need to re-certify prior to an expiration date if the type of driving that is conducted has changed.

Please either print clearly or type				COMMERCIAL DRIVER INFORMATION	
DRIVER NAME	(last)	(first)	(middle)	BIRTHDATE (mm/dd/yyyy)	
ADDRESS (street)		(city)	(state)	(zip code)	
LICENSE/PERMIT NUMBER		DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	

Please select only one of the following self-certification categories. See page two (2) of this form for category definitions.

I certify my commercial driving is:

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Non-Excepted Interstate (NI)*
(copy of medical card required) | I engage in Interstate commerce and must meet the federal DOT medical card requirements |
| <input type="checkbox"/> | Excepted Interstate (EI) | I engage in Interstate commerce and do not have to meet the DOT medical card requirements |
| <input type="checkbox"/> | Non-Excepted Intrastate (NA)*
(copy of medical card required) | I engage in Intrastate commerce and must meet state driver qualification requirements |
| <input type="checkbox"/> | Excepted Intrastate (EA) | I engage in Intrastate commerce and do not have to meet the DOT medical card requirements |

***If you selected the NI or NA category and do not have a W restriction on your license, you must fill out the medical certificate portion of this form on page two (2), and provide a copy of your medical certificate.**

If you have a federal medical variance or Skill Performance Evaluation Certificate (SPE), which is indicated on your medical certificate, you must also provide a copy of this documentation.

You should self-certify at the highest standard for which you qualify so as not to limit work opportunities. Non-excepted Interstate (NI) is the broadest category and the one you should select if you meet the criteria, even if you currently do not consider yourself an interstate driver.

I hereby certify under the penalties of perjury that the information I provided in this CDL Self-Certification Form is true and complete.

X _____
Signature of Driver Date

Customers who wish to obtain, or who currently hold, a Commercial Driver's License (CDL) that is being renewed, upgraded, or transferred from another state, will be required to self-certify at that time. This CDL Self-Certification Form and a copy of the medical certificate, if applicable, must be presented at the time of the transaction.

CDL drivers who will not be completing a transaction with the RMV between now and January 30, 2014, may self-certify and provide a copy of the medical examiner's certificate, if applicable, by mail, fax, or in-person at a branch office.

Mail forms to:
MassDOT, RMV Division
Driver Licensing
PO Box 55889
Boston, MA 02205

Submit forms in person to:
Any RMV branch office. Locations
can be found by visiting
www.massrmv.com

Fax forms to:
(857) 368-0818

<p>RMV Override Request – I understand the override that was explained to me by the RMV and I authorize the RMV to process it.</p> <p>Customer's Signature: _____</p>
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Please either print clearly or type		COMMERCIAL DRIVER INFORMATION	
DRIVER NAME	(last)	(first)	(middle)
			LICENSE/PERMIT NUMBER

Medical Examiner's Certificate Information

Please clearly enter the information from your medical card in the fields below. If you are required to hold a medical card, you will need to provide the RMV with a copy as part of your self-certification. Filling out the information below assists us with data processing, but does not replace the requirement to also provide a copy.

- 1. Wearing corrective lenses
- 2. Wearing hearing aid
- 3. Accompanied by a waiver (variance) exemption
- 4. Driving within an exempt intracity zone (49 CFR 391.62)
- 5. Accompanied by a Skill Performance Evaluation Certificate (SPE)
- 6. Qualified by operation of 49 CFR 391.64

Condition #6 only applies to a very limited number of drivers who fall under a federal grandfather clause that limits them to a one year medical certificate. If condition #6 is selected on your medical certificate and you do not fall under the grandfather clause, condition #6 was most likely chosen by the medical examiner in error. You should return to the medical examiner to request a revised medical card.

Telephone #: Issue Date:

Medical Examiner's Name:

Specialty Code: License No: Issuing State: Suffix:

(MD, DO, PA, CH, AN, or Other)

Medical Examiner's National Registry No:

Medical Certification Expiration Date:

If #3 is checked: Exemption Effective Date: Expiration Date:

If #5 is checked: SPE Effective Date: Expiration Date:

Definitions of Self-Certification Categories

Non-excepted Interstate (NI) -

- All Class A, B, or C privately or self-employed commercial drivers who operate or expect to operate in interstate commerce, and are subject to meet the federal medical standard and, therefore, are required to obtain a medical examiner's certificate
- All Class A, B, or C drivers who do not fall under any other category or who have been granted a federal vision or diabetes exemption or a Skill Performance Evaluation (SPE)

Excepted Interstate (EI) -

- Drivers who operate or expect to operate in interstate commerce but engage exclusively in transportation or operations that are not required to meet all or parts of the federal qualification requirements and are, therefore, not required to obtain a medical examiner's certificate

Examples of EI Drivers include:

- City, municipal, or state employed Commercial Driver's License holders

Non-excepted Intrastate (NA) -

- All Class A, B, or C privately or self-employed commercial drivers who only operate in intrastate commerce and are subject to state driver qualification requirements

Examples of NA Drivers include:

- Drivers 18-21 years of age with a K restriction associated with their license to operate
- Drivers 21 and over with a W Restriction associated with their license to operate

Excepted Intrastate (EA) -

- Drivers who operate in intrastate commerce but engage exclusively in transportation or operations that are not required to meet all or parts of the state driver qualification requirements and are, therefore, not required to obtain a medical examiner's certificate

Examples of EA Drivers include:

- City, municipal, or state employed Commercial Driver's License holders