



TEXAS COMMERCIAL DRIVER LICENSE APPLICATION

NOTICE: All information on this application must be in INK.

SELECT ONE: [X] ORIGINAL [] RENEWAL [] CHANGE

FOR DEPARTMENT USE ONLY

ASSIGNED # _____
RESTRICTIONS _____
ENDORSEMENTS _____

Commercial Driver License Number (If Applicable) _____

APPLICANT INFORMATION CONTACT INFORMATION

LAST NAME: _____
FIRST NAME: _____
MIDDLE NAME: _____
SUFFIX: _____
MAIDEN NAME: _____
DATE OF BIRTH (mm/dd/yyyy): _____ - _____ - _____
SSN: _____ - _____ - _____
SEX: (Circle One) MALE FEMALE
EYE COLOR: _____ HAIR COLOR: _____
RACE/ETHNICITY: _____ (I) American Indian/Alaska Native
(A) Asian/Pacific Islander (B) Black (H) Hispanic (O) Other (W) White
HEIGHT: ft. _____ in. _____ WEIGHT: lbs. _____
PLACE OF BIRTH: CITY: _____ COUNTY: _____ STATE: _____ COUNTRY: _____
FATHER'S LAST NAME: _____ MOTHER'S MAIDEN NAME: _____

HOME PHONE: _____
OTHER PHONE: _____
EMAIL: _____

ADDRESS INFORMATION

RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____
ZIP CODE: _____ COUNTY: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____
ZIP CODE: _____ COUNTY: _____

INSTRUCTIONS: Indicate the type of license and any applicable endorsements and/or airbrake requirements you are applying for.

CLASS

- [X] Class A - CDL
[] Class B - CDL
[] Class C - CDL

ENDORSEMENTS

- [] Double/Triple Trailer
[] Passenger
[] School Bus
[] Tank Vehicle
[] Hazardous Materials (Must be a U.S. Citizen or Lawful Permanent Resident)

AIRBRAKES

- [] Vehicle with Airbrakes
[] Vehicle without Airbrakes

WHAT IS INTERSTATE OR FOREIGN COMMERCE?

- Trade, traffic, or transportation in the United States which is between a place in a state and a place outside of such state (including a place outside of the United States); or
• Between two places in a state through another state or a place outside of the United States; or
• Between two places in a state as part of trade, traffic or transportation, originating or terminating outside the state or the United States.

WHAT IS INTRASTATE COMMERCE?

- Transportation of property (a commodity) where the point of origin and destination are totally within one state and no state line or international boundary is crossed.
• The Bill of Lading will be an indicator as to whether a shipment or commodity is interstate or intrastate.
• If there is no Bill of Lading, the origin and destination of the shipment will be an indicator.

REQUIRED INFORMATION FROM ALL APPLICANTS (Answer all questions)

YES NO

- 1. [X] [] Will you be operating a commercial motor vehicle in INTERSTATE or FOREIGN commerce?
If Yes, you must be able to certify to the CDL-4, Qualification of Interstate Driver Certification.
If No, you must be able to certify to the CDL-5, Qualifications of Intrastate Driver Certification;
OR Complete CDL-10, Certificate of Federal Physical Exemption if you are eligible.
2. [] [X] Do you meet the qualification requirements to have your skills test waived? If yes, complete form CDL-3 or 3A. (military)
3. [] [] Are you a citizen or lawful permanent resident of the United States?
4. [] [] If you are a US citizen, would you like to register to vote? If registered, would you like to update your voter information?
By providing my electronic signature, I understand the personal information on my application form and my electronic signature will be used for submitting my voter's registration application to the Texas Secretary of State's office. Wanting to register to vote, I authorize the Department of Public Safety to transfer this information to the Texas Secretary of State.
5. [] [] If you answered no to question #3, are you a Refugee, Asylee, or U.S. National?
6. [] [] Would you like to register as an organ donor?
7. [] [] Do you want a Veteran Designator on your driver license? (Proof of honorable discharge required; acceptable documents are DD214, DD215, NGB22, or VA disability letter noting characterization of service).
8. [] [] In the event of injury or death would you like to provide two (2) emergency contacts? If yes, please list:
a) Name _____ Telephone Number _____ Address _____
b) Name _____ Telephone Number _____ Address _____

YES NO

- 9. Are you at this time placed out-of-service? Why? _____
- 10. Have you ever had a driver license or instruction permit in Texas? Number _____ When? _____
- 11. Have you ever had a driver license or instruction permit in any other state in the last ten years? If yes, list state and driver license number.
 State _____ Number _____ State _____ Number _____
 State _____ Number _____ State _____ Number _____
- 12. Have you ever had a Texas identification card? Number _____ When? _____
- 13. Are you enrolled in or have you completed an approved driver education course?
- 14. Is your driver license or driver privilege CURRENTLY or has it EVER been suspended, revoked, cancelled, or disqualified in ANY state?
 Where? _____ When? _____ Why? _____

VEHICLE REGISTRATION AND INSURANCE INFORMATION

- 15. Do you own a motor vehicle that is required to be registered (Texas Transportation Code Section 502.002)?
- 16. Do you own a motor vehicle that is required to have liability insurance OR other proof of financial responsibility in compliance with the Motor Vehicle Safety Responsibility Act (Texas Transportation Code Section 601.051)?

MEDICAL HISTORY

- 17. Do you currently have or have you ever been diagnosed with or treated for any medical condition that may affect your ability to safely operate a motor vehicle?

EXAMPLES, including but not limited to: Diagnosis or treatment for heart trouble, stroke, hemorrhage or clots, high blood pressure, emphysema (within past two years) • progressive eye disorder or injury (i.e., glaucoma, macular degeneration, etc.) • loss of normal use of hand, arm, foot or leg • black-outs, seizures, loss of consciousness or body control (within the past two years) • difficulty turning head from side to side • loss of muscular control • stiff joints or neck • inadequate hand/eye coordination • medical condition that affects your judgment • dizziness or balance problems • missing limbs

Please explain and identify medical condition: _____

- 18. Within the past two years, have you been diagnosed with, been hospitalized for or are you now receiving treatment for a psychiatric disorder?
- 19. Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
- 20. Do you have diabetes requiring treatment by insulin?
- 21. Do you have any alcohol or drug dependencies that may affect your ability to safely operate a motor vehicle or have you had any episodes of alcohol or drug abuse within the past two years?
- 22. Within the past two years have you been treated for any other serious medical condition? Please explain:

- 23. Have you **EVER** been referred to the Texas Medical Advisory Board for Driver Licensing?
- 24. Do you have a health condition that may impede communication with a peace officer? If yes, please list:
 (physician must complete form DL-101 prior to the issuance of a DL/ID). _____

NOTICE: The information on this application is required by the Texas Driver License Act, Texas Transportation Code Chapter 521. Failure to provide the information is cause for refusal to issue a driver license or identification card, and in some cases, cancellation or withdrawal of driving privileges. False information could also lead to criminal charges with penalties of a fine up to \$4,000.00 and/or jail.

DO NOT SIGN BELOW UNTIL INSTRUCTED TO DO SO BY NOTARY PUBLIC OR DRIVER LICENSE EMPLOYEE.

CERTIFICATION

I do solemnly swear, affirm, or certify that I am the person named herein and that the statements on this application are true and correct. I further certify my residence address is a (check one): () single family dwelling, () apartment, () motel, () temporary shelter. I agree to immediately report to the Texas Department of Public Safety any changes in my medical condition which may affect my ability to safely operate a motor vehicle. I further understand that I am required by law to report any change of name or address to the Department of Public Safety within thirty days.

APPLICANT'S SIGNATURE	DATE
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Sworn to and subscribed before me on this the _____ day _____
 of _____, _____
Notary Public or Authorized Officer

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

Disclosure of your social security account number is mandatory for driver license applicants, but voluntary for identification card applicants. This information is solicited pursuant to 42 U.S.C. 405(c)(2)(C)(i), 42 U.S.C. 666(a)(13)(A); 49 C.F.R. 383.153, Texas Family Code Section 231.302(c)(1) and Texas Transportation Code Sections 522.021 and 521.142. The Department will use social security number information for identification purposes and will only release the number to the Child Support Enforcement Division of the Attorney General's Office, the U.S. Selective Service Administration and the Texas Secretary of State for statutorily authorized purposes pursuant to Texas Transportation Code Section 521.044.

UNITED STATES SELECTIVE SERVICE

Any male United States citizen or immigrant who is at least 18 years of age but less than 26 years of age submitting this application consents to registration with the United States Selective Service System. You must be registered to qualify for federal student aid (to include Pell grant), job training, federal employment, and citizenship if an immigrant. In Texas, you must be registered to qualify for state college student aid or state employment. If convicted, failure to register with the Selective Service is a felony punishable by up to five years in prison and/or a \$250,000 fine. If not registered by age 26, you can no longer register and could permanently lose those benefits associated with registration. For alternative options for applicants who object to conventional military service for religious or other conscientious reasons information is available at: <http://www.sss.gov/FactSheets/FSaltsvc.pdf>.



CERTIFICATION OF PHYSICAL EXEMPTION 49 CFR PART 391/390

NOTICE: All information on this application must be in INK.

Certain uses of commercial vehicles exempt the driver from federal physical standards requiring a medical examiner's certificate. However, the Texas medical standards for the issuance of a driver license still apply.

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____
DATE OF BIRTH (mm/dd/yyyy) _____ DRIVER LICENSE NUMBER _____
SOCIAL SECURITY NUMBER _____

INSTRUCTIONS

If you operate a commercial motor vehicle only in one of the capacities listed below, your commercial driver license will be restricted to the category(s) you select. Please review and select the applicable category(s) below.

CERTIFICATION

I certify that I:

- a. Am at least 18 years of age, and
- b. Am not disqualified to drive a motor vehicle in any state, and
- c. Am exempt from the physical provisions of 49 CFR, Part 391/390 as I will operate a commercial motor vehicle only in the capacities I have checked below.

I further certify that I am exempt from the physical provisions of 49 CFR, part 391/390, and will operate a commercial motor vehicle only in the following capacity. Check the appropriate box(es).

1. School bus drivers employed by a private or parochial school and school bus drivers employed by a company that operates school buses under contract with a school are exempt from 49 CFR, Part 391/390, while transporting school children and/or school personnel from home to school and from school to home; or school bus drivers employed directly by a school district.

IF YOU HAVE SELECTED THIS EXEMPTION, YOU ARE REQUIRED TO UNDERGO AND PASS AN ANNUAL PHYSICAL EXAMINATION AS REQUIRED BY TEXAS TRANSPORTATION CODE SECTION 521.022 AND KEEP IN YOUR POSSESSION A CURRENT MEDICAL EXAMINER'S CERTIFICATE DURING THE OPERATION OF A SCHOOL BUS. A CURRENT MEDICAL EXAMINER'S CERTIFICATE IS NOT REQUIRED TO BE PRESENTED FOR THE ISSUANCE OR RENEWAL OF YOUR CDL.

2. Transportation performed by the Federal Government, a state, or any political subdivision of a state, or any agency established under a compact between states that has been approved by the Congress of the United States.
3. The occasional transportation of personal property by individuals not for compensation nor in the furtherance of a commercial enterprise;
4. The transportation of human corpses or sick and injured persons;
5. The private transportation of passengers;
6. Persons operating fire trucks and rescue vehicles while involved in emergency and related operations. (These are persons not exempted from CDL because they are not an employee of a political subdivision nor are they volunteer fire fighters);
7. Intracity zone drivers with limited exception from 49 CFR Parts 391/390 who possess a DOT medical examiner's certificate restricted to intracity operation, where the driver must have been qualified to operate and operated a commercial motor vehicle in a municipality or exempt intracity zone thereof through the one-year period ending November 18, 1988.
8. The transportation of farm machinery, supplies, or both to or from a farm for custom-harvesting operations on a farm or the transporting of custom-harvested operations to storage or market;
9. Drivers operating motor vehicles controlled and operated by a beekeeper engaged in the seasonal transportation of bees.

(OVER)

I CERTIFY THAT I OPERATE OR EXPECT TO OPERATE A COMMERCIAL MOTOR VEHICLE IN INTERSTATE COMMERCE. I ENGAGE OR WILL ENGAGE EXCLUSIVELY IN TRANSPORTATION OR OPERATIONS EXCEPTED UNDER 49 CFR 390.3(F), 391.2, 391. 8 OR 398.3 FROM ALL OR PARTS OF THE QUALIFICATION REQUIREMENTS OF 49 CFR PART 391. I MEET THE REQUIREMENTS OF CATEGORY 2, EXCEPTED INTERSTATE.

APPLICANT'S SIGNATURE

DATE

Sworn to and subscribed before me on this the _____ day of _____, _____

Notary Public or Authorized Officer

FOR DEPARTMENT USE ONLY

This form requires one of the following restrictions to be placed on the commercial driver license.

Box 1 requires P16 – If cmv, school buses (interstate)

Box 2 requires P17 – If cmv, governmental vehicles (interstate)

Box 3 requires P18 – If cmv, only transporting personal property (interstate)

Box 4 requires P19 – if cmv, transporting corpse/sick/injured (interstate)

Box 5 requires P20 – if cmv, privately transporting passengers (interstate)

Box 6 requires P21 – if cmv, fire/rescue (interstate)

Box 7 requires P22 – if cmv, intra-city zone drivers (interstate)

Box 8 requires P23 – if cmv, custom harvesting (interstate)

Box 9 requires P24 – if cmv, transporting bees/hives (interstate)

Class A – Texas Commercial Rules, General Knowledge, Combination, air-brake (if applicable), Pre-trip, and any necessary endorsement exams.

Class B – Texas Commercial Rules, General Knowledge, Air-brake (if applicable), pre-trip, and any necessary endorsement exams.

Skills exams required: Yes

Class C – General Knowledge and any necessary endorsement exams