



## 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 (✓) 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:** \_\_\_\_\_