

GOVERNMENT OF THE DISTRICT OF COLUMBIA, DEPARTMENT OF MOTOR VEHICLES

COMMERCIAL DRIVER LICENSE APPLICATION

- A. I would like to be an Organ and Tissue Donor: Yes
 B. You will be registered with Selective Service if you are 18-26 years old. (To opt out, complete separate form)
 C. Do you want to register to vote, updated your party, or change your name? Yes No (if Yes, complete separate form)

APPLICANT INFORMATION:									
Last Name			First Name			Middle Name		Suffix	
Address			Apt/Unit		City and State		Zip Code		
Date of Birth			Social Security Number		U.S. Citizen		Gender		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
Weight	Height		Eye Color	Hair Color	Email Address			Telephone Number	
Lbs.	Ft.	In.						() -	
TRANSACTION TYPE: (check all that apply)									
I am applying for: <input type="checkbox"/> CDL Class A <input type="checkbox"/> CDL Class B <input type="checkbox"/> CDL Class C									
Type: <input type="checkbox"/> Conversion of Out of State to DC <input type="checkbox"/> Renewal <input type="checkbox"/> Learner Permit <input type="checkbox"/> Duplicate <input type="checkbox"/> Correction <input type="checkbox"/> Upgrade <input type="checkbox"/> Downgrade <input type="checkbox"/> DC Intrastate (under 21) <input type="checkbox"/> Professional Driver Instructor License									
Endorsements: <input type="checkbox"/> Air Brakes <input type="checkbox"/> Passenger <input type="checkbox"/> School Bus <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Tanker <input type="checkbox"/> Double/Triple <input type="checkbox"/> Motorcycle									
DRIVING HISTORY:									
A. Do you have a driver's license from more than one state or jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No									
B. Has your license or driving privilege ever been or subject to any disqualification, suspension, revocation, or cancellation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what jurisdiction(s)? _____									
C. Has your application for a Driver License been denied in another state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes to question B or C, provide the date and reason for the suspension, revocation or refusal. _____									
10 Yr DRIVER LICENSE HISTORY: Provide states where you have been licensed to drive any type of motor vehicle during the past 10 yrs									
State		Driver License Number (if known)			Name (if different from above)				
MEDICAL FITNESS: (Medical Examination Report Required)									
Do you have a valid a Medical Certification Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the expiration date? _____									
Do you have the Medical Examination Report completed according to 49 CFR 391? <input type="checkbox"/> Yes <input type="checkbox"/> No Registry Number _____									
Physician's Name _____ Physician's License # _____ License State _____									
APPLICANT'S CERTIFICATION:									
An individual who operates a commercial motor vehicle in the District of Columbia is deemed to have consented to take a chemical test to determine the alcohol of his/her blood if he/she should be detained on suspicions of operating a motor vehicle under the influence of alcohol or drugs. Refusal to test will result in a 1 year revocation. Applicant consents to the release of his/her complete driving history to an employer, any prospective employer, state law enforcement or licensing agencies, or local or national computer information systems. Applicant certifies that within the past 2 years he/she has not been subject to any disqualification, suspension, revocation or cancellation of his/her driving privileges as a result of: 1) driving a commercial motor vehicle under the influence of alcohol; 2) refusing to undergo alcohol or drug testing as is required by any State or jurisdiction; 3) leaving the scene of an accident while driving a commercial motor vehicle; 4) commission of a felony involving the use of a commercial motor vehicle; 5) reckless driving; and 6) excessive moving violations. Applicant certifies that he/she does not possess more than one (1) driver license. 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: _____			
Proof of Identity			Out of State License Number		Proof of Social Security Number		Proof of DC Residency (1)		
Proof of Name Change			State	Issue Date	Exp. Date	Official Use Only		Proof of DC Residency (2)	
Official Use Only						Vision	Examiner's Signature Date		