



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

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

**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:** \_\_\_\_\_

**INDEMNITY ACKNOWLEDGEMENT:**

I, \_\_\_\_\_, shall indemnify, defend and hold WMATA, its directors, officers, employees and agents harmless from any and all claims, actions, proceedings, liabilities, losses, demands, damages, obligations, penalties, costs, charges and expenses, including, but not limited to, reasonable attorneys' fees, of whatsoever kind and nature for injury, and for loss or damage to any property, occurring in connection with, or in any way arising out of, D.C. DMV's use of the WMATA CDL testing facility.