COMMERCIAL DRIVER LICENSE APPLICATION

CDL CLASS A, B OR C LEARNER'S PERMITS, LICENSES OR WAIVERS										
DDINT	FIRST NAME	INITIAL	L	AST NAME						
PRINT					MAILING					
PHYSICAL RESIDENCE					ADDRESS					
Date of Birth	Hair Color	Eye Color	Height	Weight	Sex	Telephone N	Number	Social Sec	urity N	umber
Month Day Yea	r Optional		Feet Inches	Pounds	M or F			(REQ	UIRE	D)
PLEASE ANSWER THE FOLLOWING QUESTIONS 1. Place of Birth										
		City or Town				State or Country			YES	NO
	2. Have you completed a course in Driver's Education?									
	3. Have you held a valid driver's license from Maine, any other state or country in the past 10 years? Where?									
State(s):				Class:	Expiration D	eate: En	dorsements	:	_	
	ever held a Maine		mit or Maine	State identif	fication card?				Ш	Ш
•	er what name? (Pr			. 1		9			$\overline{}$	
5. Have you b	een convicted of	violating any	motor venici		n the last ten ye Date:	ears? Where:			Ш	Ш
	vilege to operate a	motor vehicl	le under suspe				state or pro	ovince?	П	П
	e any of the follo					——				一一
☐ Blackouts/Le	oss of	☐ Muscul	oskeletal/	Γ	Substance U	se Disorder	☐ Deme	ntia		ш
Consciousne	ess	Neurolo		_						
Heart Troub		Hypogl			Limb Amput	tation		l Disorder		
☐ Multiple Scl☐ Sleep Apnea		☐ Narcole	psy Cord Injury	L	☐ Parkinson's ☐ Stroke/Brain	Injury		re/Epilepsy iic Lung Di		
	ions affecting you			a motor vehi		injury		iic Luiig Di	scasc	
	rently disqualified	•				er Safety Regulati	on (FMCSR)?		
9. I certify I w	vill take my skills	driving test i	n a vehicle re	presentative	of which I exp	ect to operate.			П	
	-			1		•				
I certify that I	meet the followin	ng medical re	equirements	contained ii	n section 391 o	of the FMCSR.				
Check only one		0. Lamanata a	n avmaat to on	namata in inta	watata aammawa	a. I am auhiaat ta	and most t	ha madiaal		
Non-excepted Interstate: I operate or expect to operate in interstate commerce. I am subject to and meet the medical qualification requirements in FMCSR Part 391 and required to obtain a medical examiner's certificate. A valid medical certificate must accompany this form.								<u>icate</u>		
Excepted Interstate: I operate or expect to operate in interstate commerce, but engage exclusively in transportation or										
	s excepted from F s & rescue vehicle									
	r & rescue venicie For a complete lis	•	•	-			man corpse	s or sick an	ıa ınju	rea
	-				*		e medical qu	ıalification		
	Non-excepted Intrastate: I operate only in intrastate commerce and am subject to and meet the medical qualification requirements in FMCSR Part 391 and required to obtain a medical examiner's certificate. <u>A valid medical certificate must</u>									
	ny this form. The									
or quantity that requires the vehicle to be marked or placarded in accordance with 49 CFR, Subchapter C, Pt. 172. Example: Oil Truck Drivers. This category will result in a "K" restriction (intrastate operation only) being placed on CDL credential.								u		
Excepted Intrastate: I operate in intrastate commerce but engage exclusively in transportation or operations excepted from all or									all or	
parts of the State driver qualification requirements. Example: Drivers that operate less than 100 air miles from their regular place										
of business. This category will result in a "K" restriction (intrastate operation only) being placed on CDL credential.										
I am aware that any misstatement on this application will result in immediate suspension or revocation of my permit or license and my privilege to operate in the State of Maine may be suspended for a period to be determined by the Secretary of State. Furthermore, I understand that knowingly supplying false information on this form is a Class D crime.										
SIGNATURE OF APPLICANT No Nicknames DATE:										
Signature of Pa	arent or Guardia	n				DDF 4	TIONSHII			

CHECK BOXES THAT APPLY TO VOUR APPLICATION

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□ \$70.00	Class A: for the operation of a combination of vehicles with a gross vehicle weight rating of 26,001 or more pounds, if the gross vehicle weight rating or gross weight of the vehicles being towed is in excess of 10,000 pounds. A holder of a Class A license may with an appropriate endorsement, operate a vehicle in Class B or C.					
□ \$70.00	towin	ig a vehicle		g or gross weight not in excess of 10,0	of 26, 001 or more pounds or such a vehicle 00 pounds. A holder of a Class B license	
□ \$70.00				a combination of vehicles that does not an appropriate endorsement, operate al	meet the definition of Class A or Class B l vehicles in that class.	
			\$20.00 fee fo	or each endorsement checked below		
	H Hazardous materials: Must be 21 years of age. Must meet physical qualifications in FMCSR Part 391 and hold valid medical card. Transportation Security Administration fingerprinting and background check required. For more information access https://universalenroll.dhs.gov					
	N Tank Vehicles: required when designed to transport liquid or gaseous material within a tank or tanks having an individual rated capacity of more than 119 gallons and an aggregate rated capacity of 1,000 gallons or more that is permanently or					
	temporarily attached to the vehicle or the chassis. T Double/Triple Trailers: required for operators who haul Double/Triple Trailers. (Applicable to Class A CDL only and where allowed by law)					
	S School Bus: designed to carry over 15 passengers including the driver. If GVWR is 26,001 pounds or more, Class B CDL with P endorsement is required. If GVWR is 26,000 pounds or less, a Class C CDL is required. You must be 21 years of age and held a valid license for one full year. Skill and road test required.					
	3	School B		ers or less including the driver. Comm	ercial driver's license not required. Must be	
			PLEASE MAKE CHECK OR	MONEY ORDER PAYABLE TO: S	Secretary of State	
other mus EMBOSS province,	st bear y SED SE , photo	entification by your written EAL or STAL copies of the	required when application is submitte signature. Birth Certificate is require MP of the issuing agency. Notarized e front and back of the license MUST	ed and at time of testing. One form of ident d for applicants under the age of twenty-the copies are NOT acceptable. If you are the	ification must indicate your date of birth and the ree. Copy of the Birth Certificate must have the cholder of a driver's license from any state or d lawful presence is required upon submission of	
				Acceptable ID includes:		
Adoption			Concealed Weapons Permit	Driver Education Card	Medical Records from Doctor/Hospital	
Baptismal records Copy of Marital Application				Driver's License	Military Discharge/Separation (DD214)*	
Birth Certificate Court Order Cortificate of Marriage Diverse Peners				Driver's Permit	Passport School Passards/Transcript (cortified)	
Certificate of Marriage						

Adoption Papers Concealed Weapons Permit		Driver Education Card	Medical Records from Doctor/Hospital			
Baptismal records	Copy of Marital Application	Driver's License	Military Discharge/Separation (DD214)*			
Birth Certificate	Court Order	Driver's Permit	Passport			
Certificate of Marriage	Divorce Papers	Military ID Card*	School Records/Transcript (certified)			
Citizenship Papers	Draft Card	Military Dependent ID Card*	Social Security Card			
Parent/Guardian (must appe	ear in person and prove his/her identity	Unemployment Card				

- Must hold Maine noncommercial Class C driver's license prior to applying for CDL.
- Applicants under 18 years of age must meet Driver's Education requirements.
- Applicants may not apply for road test and be issued a CDL until attaining their sixteenth birthday.
- All questions on this application must be answered and accompanied by the required materials or the application will be returned.
- The road test phase of the examination for a license may be waived for the holders of a VALID out-of-state license.
- Federal regulations prohibit interpreters for CDL testing.
- Maine Organ and Tissue Donation Fund donation \$\sum \\$2.00 \subseteq Other \\$______ (specify amount)

*Veterans please visit the Bureau of Veterans' Services website at http://www.maine.gov/veterans for information on state and federal benefits your military service may have earned you.

> Mail to: **Bureau of Motor Vehicles, CDL Section State House Station #29** Augusta, ME 04333

PLEASE INCLUDE ALL FEES & IDENTIFICATION WITH THIS APPLICATION

Manual available online: www.maine.gov/sos/bmv