



**TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY
CDL SKILLS TEST WAIVER**



Purpose: Use this form to request a military waiver of the Commercial Driver License (CDL) Skills Test when applying for a CDL or vehicle class(es) representative of the Commercial Motor Vehicle (CMV) you operated during your military service.

Instructions: Completed form must be signed by applicant and commanding officer or designee, and submitted with a completed driver license application to any any Full-Service Driver Service Center within 1 year of being discharged.
This form must be submitted within 1 Year of the commanding officer or designee signature date.

ELIGIBILITY INFORMATION

To qualify for a CDL Skills Test Waiver, the applicant must meet the following eligibility requirements:

- Be a Tennessee Resident.
- Hold a Tennessee driver license or be eligible for a Tennessee driver license.
- Successfully pass the CDL Knowledge Tests.
- Present an Active Duty/Military ID Card, DD214 (other than dishonorable discharge), DD256, NGB-22 or WD AGO.
- Meet the requirements of FMCSA Regulation 383.77.

APPLICANT INFORMATION

APPLICANT FULL LEGAL NAME (PRINT) (LAST NAME)				(FIRST NAME)	(MIDDLE)	(SUFFIX)	BIRTHDATE (mm/dd/yyyy)
SOCIAL SECURITY NUMBER		TN DRIVER LICENSE NUMBER		SERVICE BRANCH (specify)			
EMAIL ADDRESS						TELEPHONE NUMBER WITH AREA CODE	

APPLICANT DRIVING RECORD

<input type="checkbox"/> YES	<input type="checkbox"/> NO	I am regularly employed or was regularly employed within the last 365 days in a military position requiring operation of a commercial motor vehicle; AND,	DISCHARGE DATE (FROM DD214) MMDDYYYY
<input type="checkbox"/> YES	<input type="checkbox"/> NO	For at least 2 years immediately preceding this application date if actively serving, or preceding the date of my military discharge, I operated a vehicle representative of the CDL classification I am applying for.	

During the 2 years before the date of this application:

Have you had more than one license ? Yes No Have you had any license suspended, revoked, or cancelled in this state or any state? Yes No
(except for a military license)

During the 2 years before the date of this application, have you been convicted of any of the major offenses listed below?

Driving with a blood alcohol content (BAC) of 0.08% or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No	Using a vehicle to commit a felony involving a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Being under the influence of a controlled substance ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driving a Commercial Motor Vehicle (CMV) when, as a result of prior violations committed operating a CMV, your CDL is revoked, suspended or cancelled or you were disqualified from operating a CMV? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operating a commercial vehicle with a BAC of 0.04% or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No	Causing a fatality through the negligent operation of a CMV? <input type="checkbox"/> Yes <input type="checkbox"/> No
Refusing blood and or breath test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Using a vehicle to commit a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Leaving the scene of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

During the 2 years before the date of this application, have you received more than one conviction for the serious traffic violations listed below while operating any type of motor vehicle (CMV or otherwise)? Check the number of convictions below for each violation.

	NONE	1	2+		NONE	1	2+
Speeding 15 or more miles per hour in excess of the posted speed limit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving a commercial motor vehicle without the proper CDL class and/or endorsements for the specific vehicle group being operated or for the passengers or type of cargo being transported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving recklessly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Texting while operating a commercial motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improper or erratic lane changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using a hand-held mobile phone while operating a commercial motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following the vehicle ahead too closely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any offense while driving a commercial motor vehicle involving a railroad crossing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A violaton in connection with a fatal traffic crash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving a commercial motor vehicle without a CDL in your possession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving a commercial motor vehicle without obtaining a CDL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

APPLICANT CERTIFICATION

I hereby certify and affirm that all information I have completed in this application is true and correct, and that any documents I have presented to the Tennessee Department of Safety and Homeland Security are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
---------------------	-------------------

