



# COMMERCIAL DRIVER LICENSE APPLICATION

ORIGINAL  RENEWAL  REPLACEMENT

<b>CDL CLASS</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>CLP CLASS</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>MOTORCYCLE ENDORSEMENT</b> <input type="checkbox"/>	<b>ENDORSEMENT</b> <input type="checkbox"/> PASSENGER (P) <input type="checkbox"/> DOUBLE/TRIPLE (T) <input type="checkbox"/> HAZMAT (H) <input type="checkbox"/> SCHOOL BUS (S) <input type="checkbox"/> TANK (N) <input type="checkbox"/> TANK/HM (X)			<b>RESTRICTION</b> <input type="checkbox"/> NO TRACTOR-TRAILER (O) <input type="checkbox"/> NO AIR BRAKE (L) <input type="checkbox"/> AUTO TRANS CMV (E) <input type="checkbox"/> NO FULL AIR BRAKE (Z)		
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LAST NAME (PRINT LEGAL NAME)	FIRST NAME	FULL MIDDLE NAME	SOCIAL SECURITY NUMBER
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OREGON LICENSE/ID NUMBER	DATE OF BIRTH (M-D-Y)	MOTHER'S MAIDEN NAME	APPLICANT'S PLACE OF BIRTH (CITY & STATE OR COUNTRY)
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RESTRICTIONS	Do you want your license/ID card to show that you are an anatomical donor? <input type="checkbox"/> YES <input type="checkbox"/> NO	HEIGHT FT. IN.	WEIGHT LBS.	SEX (CIRCLE) M F X	HAIR COLOR	EYE COLOR
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RESIDENCE ADDRESS	MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS)
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CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
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Do you now have, or have you ever had, an instruction permit, identification card, commercial driver license or driver license from Oregon issued in your name or any other name or other Oregon driver license number? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE	LICENSE / ID NUMBER	NAME ON PREVIOUS LICENSE / ID
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**Current or Previous Military Service:** By checking this box I authorize DMV to send my name and address to the Oregon Department of Veteran Affairs (ODVA) for the purpose of receiving benefit information.

**NOTE:** Voter registration forms are available at the DMV office. If you would like to register to vote today; please ask a DMV clerk.

**Driving Type (Select only one type from the three below - see description of driving types on the back of this form)**

<b>Non-excepted interstate (NI)</b> – Your selection right and signature below certifies you operate or expect to operate a commercial motor vehicle (CMV) in interstate commerce, that you are subject to qualification requirements of 49 CFR part 391, shown on the back of this form, and will meet those qualifications before operating a CMV. <b>Most CMV operation is non-excepted interstate.</b>	<input type="checkbox"/>
<b>Excepted interstate (EI)</b> - Your selection right and signature below certifies you operate or expect to operate a CMV in interstate commerce but engage <b>exclusively</b> in transportation that is excepted from all or parts of the qualification requirements of 49 CFR part 391 shown on the back of this form.	<input type="checkbox"/>
<b>Non-excepted intrastate (NA)</b> – Your selection right and signature below certifies you operate or expect to operate a CMV in intrastate commerce only and are not subject to the qualification requirements of 49 CFR part 391 shown on the back of this form. <b>(Intrastate only)</b>	<input type="checkbox"/>

Do you have at least one year of experience driving a motor vehicle? <b>(Required for CDL only)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any part of your driving privilege suspended, revoked or canceled in any state or jurisdiction or are you disqualified from operating a commercial motor vehicle under the provisions of 49 CFR part 383.51?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a driver license for more than one state or licensing jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO

List all states where you have been licensed in the last 10 years to operate any motor vehicle:

STATE:	STATE:	STATE:	STATE:	STATE:
STATE:	STATE:	STATE:	STATE:	STATE:

You are required to report any mental or physical condition or impairment that affects your ability to drive safely. You are not required to report all your health conditions – only those that affect your ability to drive safely. DMV will use your answers to the following questions only for the purpose of determining your eligibility for an Oregon license. If you have a condition or impairment that makes you unable to safely operate a motor vehicle, you are not eligible for a license until you have provided additional medical information and/or passed DMV tests. **If you answer "Yes" to any one of the questions below, we will not be able to issue you a license at this time.**

1) Do you have a vision condition or impairment that <b>has not been corrected</b> by glasses, contacts or surgery that affects your ability to drive safely?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2) Do you have any physical or mental conditions or impairments that affect your ability to drive safely?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
*If Yes: a) What is the condition or impairment?: _____	
b) Describe how this affects your ability to drive safely: _____	
3) Do you use alcohol, inhalants, or controlled substances to a degree that affects your ability to drive safely?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
*If Yes: a) Describe how your use affects your ability to drive safely: _____	

By signing this application, I certify that all documentation and information I provided to DMV is true and correct. I understand it is a crime to knowingly make a false application for driving privileges or ID card. The offense is a class A misdemeanor and is punishable by jail time, a fine or both. DMV will cancel and/or suspend my permit, driver license or ID if I make a false statement or present false documentation. I am a resident of or domiciled in Oregon as described in ORS 807.062.

SIGNATURE OF APPLICANT <b>X</b>	DATE OF SIGNATURE
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**SSN:** Disclosure of your Social Security number (SSN) is mandatory for issuance, renewal or replacement of your driver license or identification card under ORS 807.021(1) and 49CFR 383.153.

**STOP - DO NOT WRITE IN THE AREA BELOW - FOR DMV OFFICE USE ONLY**

<b>OUTSTANDING REQUIREMENTS</b>	<b>DATE RECEIVED</b>	<b>TSR ID</b>	<b>VISION / HEARING</b>	
<input type="checkbox"/> LP, SSN + ADDRESS			VISION: <input type="checkbox"/> OK <input type="checkbox"/> OK/WCL	HEARING: <input type="checkbox"/> GOOD <input type="checkbox"/> DEAF
<input type="checkbox"/> REIN. FEE/SR-22			REFERRED: <input type="checkbox"/> ACUITY <input type="checkbox"/> F.O.V.	DATE _____ TSR ID _____
<input type="checkbox"/> OTHER:				

<b>DOCUMENTS PRESENTED</b>			<b>DOCUMENTS PRESENTED</b>			<b>DOCUMENTS PRESENTED</b>		
<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD	<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP	<input type="checkbox"/> DHS DOCUMENT	<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD	<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP	<input type="checkbox"/> DHS DOCUMENT	<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD	<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP	<input type="checkbox"/> DHS DOCUMENT
<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> LP=C <input type="checkbox"/> LP=F <input type="checkbox"/> LP=P		<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> LP=C <input type="checkbox"/> LP=F <input type="checkbox"/> LP=P		<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> LP=C <input type="checkbox"/> LP=F <input type="checkbox"/> LP=P	

DATE	TSR ID	2nd APPROVAL	DATE	TSR ID	2nd APPROVAL	DATE	TSR ID	2nd APPROVAL
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MEDICAL CERTIFICATION EXPIRATION DATE	DATE STAMP	FEE \$	TSR ID
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**DO NOT WRITE IN THE AREA BELOW - FOR DMV OFFICE USE ONLY**

**KNOWLEDGE TEST**

1	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID
2	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID
3	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID
4	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID
5	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID
6	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID
7	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID
8	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID
9	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID
10	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID
11	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID
12	DATE/LOCATION TEST	TEST TYPE	SCORE	TSRID

**CDL SKILLS TEST**

	DATE	CLASS	VEHICLE (CHECK ALL THAT APPLY)	SCORE	TSR ID
1		<input type="checkbox"/> A	<input type="checkbox"/> PASS ≤ 26K <input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> EQUIP FAIL <input type="checkbox"/> WAIVE	
		<input type="checkbox"/> B	<input type="checkbox"/> PASS ≥ 26K <input type="checkbox"/> AUTO TRANS		
		<input type="checkbox"/> C	<input type="checkbox"/> TRACTOR/TRAILER <input type="checkbox"/> FULL AIR BRAKE <input type="checkbox"/> AIR-OVER-HYDRAULIC BRAKE		
2		<input type="checkbox"/> A	<input type="checkbox"/> PASS ≤ 26K <input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> EQUIP FAIL <input type="checkbox"/> WAIVE	
		<input type="checkbox"/> B	<input type="checkbox"/> PASS ≥ 26K <input type="checkbox"/> AUTO TRANS		
		<input type="checkbox"/> C	<input type="checkbox"/> TRACTOR/TRAILER <input type="checkbox"/> FULL AIR BRAKE <input type="checkbox"/> AIR-OVER-HYDRAULIC BRAKE		
3		<input type="checkbox"/> A	<input type="checkbox"/> PASS ≤ 26K <input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> EQUIP FAIL <input type="checkbox"/> WAIVE	
		<input type="checkbox"/> B	<input type="checkbox"/> PASS ≥ 26K <input type="checkbox"/> AUTO TRANS		
		<input type="checkbox"/> C	<input type="checkbox"/> TRACTOR/TRAILER <input type="checkbox"/> FULL AIR BRAKE <input type="checkbox"/> AIR-OVER-HYDRAULIC BRAKE		

**NON-COMMERCIAL CLASS C DRIVE TEST**

	DATE	SCORE	TSR ID
1			

**49 CFR Part 391 Qualification Requirements**

**You must meet the following federal qualification requirements to operate a commercial motor vehicle in non-excepted interstate commerce.**

**Part 391.11 – General qualification of drivers.**

- (a) A person shall not drive a commercial motor vehicle unless he is qualified to drive a commercial motor vehicle. Except as provided in Part 391.63, a motor carrier shall not require or permit a person to drive a commercial motor vehicle unless that person is qualified to drive a commercial motor vehicle.
- (b) Except as provided in subpart G of this part, a person is qualified to drive a motor vehicle if he/she:
- (1) Is at least 21 years old;
  - (2) Can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records;
  - (3) Can, by reason of experience, training, or both, safely operate the type of commercial motor vehicle he/she drives;
  - (4) Is physically qualified to drive a commercial motor vehicle in accordance with subpart E—Physical Qualifications and Examinations of this part;
  - (5) Has a currently valid commercial motor vehicle operator's license issued only by one State or jurisdiction;
  - (6) Has prepared and furnished the motor carrier that employs him/ her with the list of violations or the certificate as required by Part 391.27;
  - (7) Is not disqualified to drive a commercial motor vehicle under the rules in Part 391.15; and
  - (8) Has successfully completed a driver's road test and has been issued a certificate of driver's road test in accordance with Part 391.31, or has presented an operator's license or a certificate of road test which the motor carrier that employs him/her has accepted as equivalent to a road test in accordance with Part 391.33.

**Part 391.13 Responsibilities of drivers.**

In order to comply with the requirements of Part 392.9(a) and § 393.9 of this subchapter, a motor carrier shall not require or permit a person to drive a commercial motor vehicle unless the person:

- (a) Can, by reason of experience, training, or both, determine whether the cargo he/she transports (including baggage in a passenger-carrying commercial motor vehicle) has been properly located, distributed, and secured in or on the commercial motor vehicle he/she drives;
- (b) Is familiar with methods and procedures for securing cargo in or on the commercial motor vehicle he/she drives.

Driving Type	Description
<b>Non-excepted interstate</b>	Driver operates or expects to operate a CMV in intrastate commerce only and is subject to, and will meet, the qualification requirements of 49 CFR part 391 (shown above), including medical qualifications. <b>Most CMV operation is non-excepted interstate. If you qualify DMV recommends you certify non-excepted interstate.</b>
<b>Excepted interstate</b>	Driver operates or expects to operate a CMV in interstate commerce but engages or will engage <b>exclusively</b> in the transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3. Some examples of excepted interstate operation are school bus operations, transport by government entities, some farm operations, and bee transportation. <b>Driver must still meet medical qualifications for issuance of an Oregon CDL.</b>
<b>Non-excepted intrastate</b>	Driver operates or expects to operate a CMV in intrastate commerce only and is not subject to the qualification requirements of 49 CFR part 391 (shown above). <b>Driver must still meet medical qualifications for issuance of an Oregon CDL.</b>

**Interstate commerce** means trade, traffic, or transportation in the U.S.: (1) Between a place in a State and a place outside of such State (including a place outside the U.S.); (2) Between two places in a State through another State or a place outside the U.S.; or (3) Between two places in a State as part of trade, traffic, or transportation originating or terminating outside the State or the U.S.

**Intrastate commerce** means any trade, traffic or transportation in any State which is not described in the term "interstate commerce".