

Payment Method:

☐ CASH

CHECK

CREDIT CARD

## State of New Hampshire Department of Safety Division of Motor Vehicles

## **COMMERCIAL DRIVER LICENSE APPLICATION**



IAM	APPLYING FOR Opt-in Real ID Ye	es N	No							
☐ Or fro	iginal License/NH license in exchange for a lice m another US State, the District of Columbia or nadian Province or a US Territory.	nse	Re	newal	Dupli	cate [	Replacement Rea	ison:		
	DORSEMENTS: (see below for fee structure):	Пн	ПΝ	ПР	Пѕ		]т ∏м			
<b>IDENTIFICATION INFORMATION</b> L PLEASE CHECK BOX IF MAILING AND LEGAL ADDRESS ARE THE SAME.										
FIRST	NAME (required) MIDDLE (required)	[	STNAME	(require	d)		I	etc.)		
STREET	· · · /		# CITY OR	` .	<u> </u>	STATE	ZIP CODE	, 0.0.)		
ADDR	ESS WHERE YOU GET YOUR MAIL (require	d)								
STREET		APT.:	# CITY OR	TOWN		STATE	ZIP CODE			
L										
ADDRESS WHERE YOU LIVE (required)										
MONTH DAY YEAR MALE FEMALE FEET INCHES POUNDS										
DATE	OF BIRTH (required) SEX HEIC	SHT \	WEIGHT	ΕY	E COLOR	HAII	RCOLOR			
SOCIAL SECURITY INFORMATION (required). TELEPHIONE NUMBER (SOCIOUS). E MAIL ADDRESS (SOCIOUS)										
SOCIAL SECURITY INFORMATION (required) TELEPHONE NUMBER (OPTIONAL) E-MAIL ADDRESS (OPTIONAL)  Are you a United States Citizen? YES NO										
My most recent license is/was a Commercial Driver License YES NO										
·										
State or Country of Issue: List Restrictions/Endorsements Appearing thereon: List all States you have held a license with										
for the last 10 years:										
	ONAL Check if applicable									
	vish to have my legal address printed on the l	back of m	v CDL lic	ense.	☐ I wish to	add the V	eteran Indicator.			
			-		_		ents required)			
ree Si	CHEDULE Make checks payable to: State	e of NH -	DIVIV				. ,			
CODE	TYPE	FEE	CODE	TYPE				FEE		
A B	Combination of Vehicles	\$60.00	P S	_	er Vehicles (10	or more of	ecupants)	\$10.00		
С	Single Vehicles weighing 26,001 lbs or more Single Vehicles weighing 26,000 lbs or less,	\$60.00 \$60.00	T	School E	sus Friple Vehicle	<u>s</u>		\$10.00 \$10.00		
C	or a bus designed to transport 16 or more	ψου.σο					ATE license that	Ψ10.00		
	occupants or hazardous materials		M	•			nt and wish to retain	\$30.00		
CLP	Commercial License Permit	\$20.00		this privi						
Н	Hazardous Materials (Requires TSA Fingerprint Clearance)	\$10.00	M		old a current N a motorcycle		PSHIRE license that	\$5.00		
N	Tank Vehicles	\$10.00	IVI		nent and wish		•	\$5.00		
<u> </u>			it to Organ S					<u> </u>		
CHECK HERE TO SAVE A LIFE  By checking this box, you consent to Organ & Tissue Donation pursuant to RSA 263:41. Donation information will be provided to federally-designated organizations so that your decision to donate may be honored.										
SIGN HERE DATE										
By signing above, I certify that I have paid all resident taxes or Interest and Dividends Tax (RSA 77) for which I am liable, and, if required, insurance certificates are on file										
with the Director of Motor Vehicles. My driving privileges are not subject to or under disqualification, suspension or revocation by any jurisdiction (does not apply to										
non-driver ID). This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.										
FOR	DMV USE ONLY Vision Test	∟ Wit	h CL	Į	<b>─</b> without	CL				

MONEY ORDER

## **CERTIFICATIONS**

Are you a resident of the state of New Hampshire and have you paid all New Hampshire Resident Taxes for which you are liable? (As a resident you may be liable for the Interest and Dividends Tax (RSA 77).		
Contact Dept. of Revenue Admin., 45 Chenell Drive, Concord, 03301(603)271-2191.)	YES	NO
Do you have any physical or mental handicaps which are detrimental or would incapacitate you from holding a license?	YES	NO
Is your license and/or operating privileges to drive a motor vehicle or commercial motor vehicle under default, suspension or revocation in this or any other state or country?	YES	NO
Have you been disqualified from operating any motor vehicle within the past two (2) years?	YES	NO
Are you required to file proof of insurance by any state/country as a result of a default, suspension, revocation or motor vehicle accident?	YES	NO
Do you meet the Federal Driver qualifications and requirements for interstate commerce (Federal Motor Carrier Safety Regulations, Part 391)?	YES	NO
During the two (2) years immediately prior to this application, have you at any time held a valid commercial driver license OTHER than the one issued by the state of Primary Residence?	YES	NO
In the past two (2) years, were you involved in a motor vehicle accident which resulted in your violation of any local or state motor vehicle law?	YES	NO
I certify that the vehicle I am about to take the driving skills test in is representative of the type of vehicle that I am operating or expect to operate.	YES	NO
I am 18 years old and consent to registration with the Selective Service System, as required by Federal Law.	YES	NO
Is the vehicle you currently operate or intend to operate equipped with air brakes?	YES	NO
• Interstate non-excepted: You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements (e.g you are "not excepted").	YES	NO
• Interstate excepted: You are an Interstate excepted driver and do not have to meet the Federal DOT medical card requirements.	YES	NO
• Intrastate non-excepted: You are in Intrastate non-excepted driver and are required to meet the medical requirements for your State.	YES	NO
• Intrastate excepted: You are an Intrastate excepted driver and do not have to meet the medical requirements for your State.	YES	NO

NOTE: If you are renewing a Hazardous Material Endorsement, it is recommended that you begin the TSA clearance process 120 days prior to your license expiration. The DMV must have received clearance notification from TSA directly before you can begin the Hazmat renewal process. You must pre-register at: <a href="https://www.tsa.gov/for-industry/hazmat-endorsement">www.tsa.gov/for-industry/hazmat-endorsement</a> or call 1-855-347-8371.