

# CDL SKILLS TEST WAIVER MILITARY APPLICATION

- Purpose:** Use this form to request a military waiver of the Commercial Driver's License (CDL) Skills Test when applying for a CDL for vehicle class(es) representative of the Commercial Motor Vehicle (CMV) operated during military service.
- Instructions:** Completed form must be signed by applicant and commanding officer/designee and submitted with a completed Commercial Driver's License Application (DL 2P) to any DMV customer service center.  
This form must be submitted within 12 months of the commanding officer/designee signature date.

### ELIGIBILITY INFORMATION

- To qualify for a CDL Skills Test Waiver, the applicant must meet the following eligibility requirements:**
- Be a Virginia resident.
  - Successfully pass the CDL Knowledge Tests.
  - Present an Active Duty/Reservist Military ID Card, DD 214 (other-than-dishonorable discharge), DD 256 or NGB-22.
  - Hold a Virginia driver's license or be eligible for a Virginia driver's license.
  - Meet the requirements of FMCSA Regulation 383.77.

### APPLICANT INFORMATION

APPLICANT FULL LEGAL NAME (print) (last)				(first)	(mi)	(suffix)	BIRTHDATE (mm/dd/yyyy)
VA DMV CUSTOMER NUMBER	SERVICE BRANCH (specify)	EMAIL ADDRESS			TELEPHONE NUMBER		

### APPLICANT DRIVING RECORD

- YES  NO I am regularly employed or was regularly employed within the last 12 months in a military position requiring operation of a commercial motor vehicle.
- YES  NO I was exempted from the CDL licensing requirements for driving a military vehicle on state roads and highways in accordance with 49 CFR §383.3 (c).
- YES  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 classifications I am applying for.
- DISCHARGE DATE (from DD214) (mm/dd/yyyy)

- During the 2 years before the date of this application:**
- Have you had more than one license at a time? (except for a military license)  YES  NO
  - Have you had any license suspended, revoked, or cancelled in this or any state?  YES  NO

- During the 2 years before the date of this application, have you been convicted of any of the major offenses listed below?**
- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ Driving with a blood alcohol content (BAC) of 0.08% or greater (state law or local ordinance)? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>▪ Being under the influence of a controlled substance (state law or local ordinance)? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>▪ Operating a CMV with a BAC of 0.04% or greater? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>▪ Refusing a blood and/or breath test? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>▪ Leaving the scene of an accident? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul> | <ul style="list-style-type: none"> <li>▪ Using a vehicle to commit a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>▪ Driving a CMV when, as a result of prior violations committed operating a CMV, your CDL is revoked, suspended or canceled, or you were disqualified from operating a CMV? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>▪ Causing a fatality through the negligent operation of a CMV? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>▪ Using a vehicle to commit a felony involving a controlled substance? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul> |
|--|--|

- 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 other)?** Check the number of convictions for each violation.
- |   | None                     | 1                        | 2 or more                |   | None                     | 1                        | 2 or more                |
|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| ▪ 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 CMV.   | <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 violation in connection with a fatal traffic crash?                   | <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"/> |   |                          |                          |                          |
| ▪ Driving a commercial motor vehicle without a CDL in your possession?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |                          |

- During the 2 years before the date of this application:**
- YES  NO Have you had any conviction for a violation of military, state or local law relating to motor vehicle traffic control (other than parking violation) arising in connection with any traffic accident?
- YES  NO Do you have any record of an accident in which you were at fault?

### APPLICANT CERTIFICATION

I certify and affirm that all information I have presented in this form is true and correct, that any documents I have presented to DMV 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)
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**COMMANDING OFFICER/DESIGNEE CERTIFICATION**

During the 2 years immediately preceding discharge or, if still active duty, the date of this application, while under my command, the applicant held a Military Operators Permit and operated vehicles representative of the FMCSA 49 CFR Subpart F 383.91 classification(s) checked below.

Check all that apply.

- Class A** Any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more, if the vehicle(s) being towed has a gross vehicle weight rating (GVWR) of more than 10,000 pounds. (eg: tractor-trailers, truck and trailer combinations)
- In this vehicle class, the applicant operated:
 

<input type="checkbox"/> Tractor Trailer	<input type="checkbox"/> Vehicle equipped with full air brakes
<input type="checkbox"/> Non - Tractor Trailer	<input type="checkbox"/> Vehicle equipped with air over hydraulic brakes
	<input type="checkbox"/> Vehicle with no air brakes
- Class B** Any single vehicle with a GVWR of 26,001 pounds or more, and any such vehicle towing another vehicle with a GVWR of 10,000 pounds or less. (eg: straight trucks, large buses, segmented buses, trucks towing vehicles with GVWR of 10,000 pounds or less)
- In this vehicle class, the applicant operated:
 

<input type="checkbox"/> Vehicle equipped with full air brakes	<input type="checkbox"/> Passenger carrying vehicle (16 or more passengers)
<input type="checkbox"/> Vehicle equipped with air over hydraulic brakes	<input type="checkbox"/> School Bus (painted yellow, bearing the words "school bus" in black letters and equipped with warning devices, such as flashing lights and a crossing control arm)
<input type="checkbox"/> Vehicle with no air brakes	
- Class C** Any vehicle that is not included in classes A or B and is either used to transport hazardous materials requiring federal placards, or is designed to carry 16 or more passengers, including the driver.
- In this vehicle class the applicant operated:
 

<input type="checkbox"/> Vehicle equipped with full air brakes	<input type="checkbox"/> Passenger carrying vehicle (16 or more passengers)
<input type="checkbox"/> Vehicle equipped with air over hydraulic brakes	
<input type="checkbox"/> Vehicle with no air brakes	

I certify and affirm that all information I have presented in this section is true and correct, that any documents I have presented to DMV 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.

COMMANDING OFFICER/DESIGNEE FULL LEGAL NAME (print) (last)	(first)	(mi) (suffix)	RANK
COMMAND ADDRESS	CITY	STATE ZIP CODE	TELEPHONE NUMBER ( )
COMMANDING OFFICER/DESIGNEE SIGNATURE			DATE (mm/dd/yyyy)

**NOTARIZATION OF COMMANDING OFFICER/DESIGNEE SIGNATURE (must be completed by notary public)**

State/Commonwealth of _____, city or county of _____		NOTARY PUBLIC SEAL (if required)
subscribed and sworn to before me on this _____ day of _____		
(MONTH) (YEAR)		
by _____ in the city or county and state aforesaid.		
REGISTRATION NUMBER	MY COMMISSION EXPIRES (mm/dd/yyyy)	
NOTARY PUBLIC NAME	NOTARY PUBLIC SIGNATURE	

**DMV USE ONLY**

	CSR STAMP
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