

Application for Commercial Driver's License (CDL) and/or Endorsements

(Must change address within 20 days)



Name _____
IN ORDER OR LAST NAME, FIRST NAME, THEN MIDDLE NAME.

WV License # _____ Birthdate ____ / ____ / ____
MM DD YYYY

Former Names _____
SUPPORTING LEGAL DOCUMENTATION IS REQUIRED BY LAW

Gender _____ Weight _____ LBS Height _____ FT _____ IN

Residence Address _____

Eye Color _____ Do you wear corrective lenses? YES NO

City, State, ZIP Code _____

Daytime Phone (optional) (____) _____ - _____

County of Residence _____

Cellular Phone (optional) (____) _____ - _____

Mailing Address _____
REQUIRED IF DIFFERENT FROM RESIDENCE ADDRESS

Social Security Number _____ - _____ - _____

City, State, ZIP Code _____

Email Address (optional) _____

CERTIFICATION OF QUALIFICATION (Complete by checking the box for the category that applies.)

INTERSTATE DRIVER

- NON-EXCEPTED (NI)** - I meet the qualification requirements of Part 391 of the Federal Motor Carrier Safety Requirements.
- EXCEPTED (EI)** - Exempt from the qualification requirements of Part 391 of the Federal Motor Carrier Safety Regulations.

INTRASTATE DRIVER

- NON-EXCEPTED (NA)** - I meet the qualification requirements of the West Virginia Motor Carrier Safety Requirements.
- EXCEPTED (EA)** - I am exempt from the qualification requirements of West Virginia Motor Carrier Safety Regulations.

GOVERNMENT EMPLOYEE

- I certify I am employed by the State of West Virginia or City or County of or Town of _____ to operate a motor vehicle and, because of such employment, I am exempt from the qualification requirements of a DOT Medical Certificate contained in Part 391 of the Federal Motor Carrier Safety Regulations.

A **Medical Examiner's Certificate (MEC)** must be presented with each transaction for a CDL (valid not less than 30 days) the MEC must be completed by a certified medical examiner listed on FMCSA's National Registry website, nationalregistry.fmcsa.dot.gov.

To apply for a **CDL knowledge test**, the applicant must provide proof of citizenship in the form of a birth certificate, valid U.S. Passport, or valid Permanent Resident card and the required fees via mail to the address above with this application. Please complete both sides of this application in full. To calculate the fees, take the total dollar amount of test(s) requested plus an additional \$7.50 fee for the instruction permit.

To take the **CDL skills test** the applicant must supply the vehicle for the skills test and it must be the type of commercial motor vehicle an applicant expects to operate with their CDL. Additionally, the applicant must have a valid CDL instruction permit, issued a minimum of 14 days prior to the skills test date.

All Class A, B, and C CDL's are issued by the date of birth. The fee can range between \$26.25 and \$61.25, depending on the number of years it will be issued for. **Class D** CDL fees are also issued by the date of birth. The fee can range between \$19.25 and \$44.25, depending on the number of years for which it will be issued.

TYPE OF CDL / ENDORSEMENTS APPLICANT WISHES TO OBTAIN

<input type="checkbox"/> \$25 Knowledge Testing Air Brakes Combination	<input type="checkbox"/> \$7.50 Duplicate License	<input type="checkbox"/> Add Endorsement
<input type="checkbox"/> \$10 Tank Vehicle	<input type="checkbox"/> \$10 "For Federal Identification" Federally Compliant Card* <small>(In addition to any other fee)</small>	<input type="checkbox"/> License Update
<input type="checkbox"/> \$10 Double / Triple	<input type="checkbox"/> Class A	<input type="checkbox"/> \$7.50 Instruction Permit
<input type="checkbox"/> \$10 Hazardous Materials	<input type="checkbox"/> Class B	<input type="checkbox"/> Transfer
<input type="checkbox"/> \$10 Passenger	<input type="checkbox"/> Class C	<input type="checkbox"/> Renewal
<input type="checkbox"/> \$10 School Bus	<input type="checkbox"/> Class D	<input type="checkbox"/> Original Application

*Only one state issued driver's license or ID card per person may be designated "For Federal Identification". If you choose this option you will receive a temporary driver's license or ID card for use until your permanent card arrives in approximately 10 - 15 business days via USPS.

If adding an endorsement to a current CDL, add a Duplicate License fee to the total.

All renewals, transfers, and new applicant's for a CDL hazardous materials (HAZMAT) endorsement will be required to submit a fingerprint and background check. This must be done 30 days before the expiration of your CDL. Call Universal Enrollment Services (UES) at 1-855-347-8371 to start the fingerprint and background check process. This must be done before you can test for your HAZMAT endorsement.

Any CDL that has been medically downgraded due to non-compliance of the required medical certification must retest and pass the knowledge and skills exams in order to obtain their CDL if the CDL has been downgraded for more than two (2) years.

Any CDL that has been suspended, revoked, or disqualified for three (3) or more years must retest and pass the knowledge and skills exams in order to obtain their CDL.

LICENSING QUESTIONS

Are you a U.S. citizen? If not, list your alien registration number below.

YES NO

Are you currently registered to vote?

If "yes", state if you need to update or transfer your voter information: _____

YES NO

Are you registered to vote in another state?

If "yes", which state? _____

YES NO

Do you wish to register to vote?

YES NO

Do you wish to register for Selective Service? This question is for men ages 18-25 only, who are required by Federal law to register for the United States military draft.

YES NO

Do you wish to be designated on your license as an organ donor? By checking "yes", you agree that the DMV may furnish your personal information to organ donation groups.

YES NO

Do you wish to be designated on your license as diabetic or deaf / hard of hearing? If so, a physician (for diabetics) or licensed audiologist (for the deaf / hard of hearing) must certify your condition by completing the endorsement box section.

YES NO

Do you wish to be designated on your license as a U.S. Veteran? This designation is only available to qualifying U.S. veterans. To learn more, call 1-800-642-9066 or visit dmv.wv.gov.

YES NO

CHILD SUPPORT LAW COMPLIANCE

Do you owe a child support obligation?

YES NO

Do you owe a child support obligation that is more than six (6) months in arrears?

YES NO

Are you the subject of a child support-related warrant, subpoena, or court order?

YES NO

I hereby certify, under penalty of false swearing, that all my answers to the above questions are true.

APPLICANT'S INITIALS

Have you had a driver's license issued by any other jurisdiction or state in the past 10 years? If so, list the issuing jurisdiction(s) or state(s) and numbers: _____

YES NO

Do you wish to make a contribution to the West Virginia State Police Forensic Laboratory Fund? If so, specify the amount: \$ _____

YES NO

Do you wish to make a contribution to the West Virginia Department of Veterans Assistance? If so, please check one of the following boxes for the contribution amount: \$5 \$10 Other: _____

YES NO

CONCERNING MEDICAL WAIVERS

If you wish to operate a commercial motor vehicle (interstate commerce) in all 50 states, you must apply for a medical waiver with the Federal Motor Carrier Safety Administration. Call (304) 347-5935 for further information.

IF YOU HAVE EXPERIENCED ANY OF THE FOLLOWING, YOU MUST SO INDICATE AND SUBMIT A LETTER OF EXPLANATION:

yes no

Y N Any seizures or loss of consciousness

Y N Emotional or mental illness

Y N Alcohol or drug problems

Y N Any physical condition requiring special equipment to drive

Y N Visual/medical condition(s) affecting your ability to drive safely

Y N License suspension/revocation in any jurisdiction or state (including pending)

Y N Refusal by any jurisdiction to issue a driver's license

Y N Diabetes requiring insulin or medication

PHYSICIAN / AUDIOLOGIST CERTIFICATION FOR MEDICAL ENDORSEMENT

I certify that the applicant named herein is diabetic deaf hard of hearing.

SIGNATURE (PHYSICIAN FOR DIABETIC OR AUDIOLOGIST FOR DEAF/HARD OF HEARING)

MEDICAL LICENSE NUMBER

STATE

ADDRESS LINE 1

ADDRESS LINE 2

OFFICE TELEPHONE NUMBER

Any false statement may result in cancellation or suspension of my license. As a commercial driver's license applicant, I certify that I meet the qualifications contained in part 391 of the Federal Motor Carrier Regulations. I certify that the motor vehicle in which I am applying to operate is representative of the type of vehicle I expect to operate. I certify that I am not subject to any disqualification, suspension, revocations, or cancellation. I certify that I do not have a driver's license from more than one state or jurisdiction. I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein, and that the statements in this application are true and correct.

Males age 18 - 25 only: I understand that I am required to register for the military draft. By submitting this application and answering "yes" to the relevant questions, I am consenting to the release of my personal information to the Selective Service System for draft registration, as required by Federal Law and conviction for such violation may result in imprisonment for up to five (5) years and/or a fine of not more than \$250,000.

(X) _____ DATE _____
APPLICANT'S SIGNATURE