



Rhode Island Division of Motor Vehicles

100 Main Street, Pawtucket, RI 02860
(401) 462-4DMV (4368)

FOR OFFICIAL USE ONLY

- Approve
Deny
Pending

DATE / /

APPLICATION FOR COMMERCIAL DRIVER'S LICENSE

BLUE OR BLACK INK ONLY

DO NOT FILL IN GREY AREAS - FOR OFFICIAL USE ONLY

APPLICANT INFORMATION
RI License #: CLASS: Which of the following are you applying for:
LICENSE CLASS APPLIED FOR: (Please Check One)
LAST NAME FIRST NAME M.I.
RESIDENCE ADDRESS - STREET NAME & NO. CITY/TOWN ZIP
MAILING ADDRESS - STREET NAME & NO. CITY/TOWN ZIP
DATE OF BIRTH SOCIAL SECURITY NUMBER ** DAYTIME TELEPHONE #
HEIGHT WEIGHT SEX EYE COLOR HAIR COLOR
** Authority to collect Social Security Number is found in R.I.G.L. Section 31-3-6.2. R.I.G.L. Section 31-10-26(1) and 42 U.S.C. (c). It will be used in the administration of driver license and motor vehicle registration laws, and will be used to aid in the collection of monies owed as a result of outstanding court costs and fines, outstanding child support and delinquent tax liability.
LICENSE CLASS
Please indicate the class of commercial driver's license/permit for which you are applying (check all that apply):
CLASS A (Combination Vehicles, GVWR 26,001 pounds or more)
CLASS B (Single Vehicles, GVWR 26,001 pounds or more)
CLASS C (Single Vehicles, GVWR less than 26,001 pounds)
YES NO Do you intend to operate a vehicle equipped with air brakes?
Please note: * Indicates that a road test is required in addition to the written knowledge test to obtain this endorsement.
H - HazMat P - Passenger *(16 or more persons including driver)
S - School Bus * N - Tank Vehicles
X - HazMat/Tank Vehicles T - Double/Triple Trailers
ALL CDL CLASSES REQUIRE A SKILLS TEST
Skills tests are administered by the Community College of Rhode Island (CCRI.) To book an appointment please call (401) 825-1146.
NOTE: To drive a school bus, you must obtain a Rhode Island School Bus Certificate through the DMV School Bus Safety Office. The above classes/endorsements DO NOT include the operation of school buses, motorcycles or motor-driven cycles.
SEE REVERSE SIDE TO COMPLETE THE APPLICATION

Please answer the following questions COMPLETELY:

Do you now hold a valid license from any other state, country or province? YES NO

| | | | |
|---------------------|-------------------------|--------------|------------------|
| If YES, what class? | Issuing State/Province: | Date Issued: | Expiration Date: |
| | | | |

Do you have a valid military license? YES NO

Have you ever been convicted of violating any motor vehicle law in any Other state or province? If YES, Where? _____ YES NO

Is your privilege to operate a motor vehicle suspended, revoked or refused in this state or any other state or province? YES NO

Are you disqualified from operating a commercial vehicle by Federal DOT regulations? YES NO

MEDICAL CERTIFICATION

Medical Qualifications: Unless specifically exempted, you must possess a valid medical examiner’s certificate in order to operate a commercial motor vehicle (49 CFR 391.41). Government employees (e.g. federal, state, county or city employees) while operating government owned vehicles are exempt from this medical requirement.

At all times while operating a commercial motor vehicle, you must carry on your person your original medical examiner’s certification, or a photographic copy thereof, indicating that you have been deemed physically qualified to operate a commercial motor vehicle by a licensed medical examiner as defined in 49 CFR 390.5. (‘Medical Examiner’ means a person who is licensed certified, and/or registered, in accordance with applicable State laws and regulations, to perform physical examinations. The term includes but is not limited to, doctors of medicine, doctors of osteopathy, physician assistants, advanced practice nurses and doctors of chiropractic.)

Please indicate below which statement describes your compliance with PART 4 Medical Certification:

- * I satisfy the medical qualification requirements as defined in 49 CFR 391, et seq. (initials) _____
- * I am exempt from the medical qualification requirements defined in 49 CFR 391, et seq. (initials) _____
- * Should you experience any changes in your medical condition that would disqualify you from possessing a CDL, you must notify the Rhode Island Division of Motor Vehicles headquarters (initials) _____

CDL HISTORY

As part of my application, I swear or affirm that I have held a license to operate **any type of motor vehicle** within the last ten (10) years in the following states, for the following periods of time, under the following names:

| State | License Number: | Date license was held: | Name at that time: |
|-------|-----------------|------------------------|--------------------|
| | | | |
| | | | |

- I certify that I meet qualification requirements contained in Section 391 of the Federal Motor Carrier Safety Regulations.
- I certify that the vehicle I operate or expect to operate is representative of the class if license applied for.
- It is a misdemeanor to knowingly make any false statements to a public official and is punishable by fines up to \$1,000.00 or up to one year in jail. R.I.G.L. 11-18-1. Also, any false statements on your application could result in the revocation of your license. R.I.G.L 31-11-1.

Signature of Applicant

Date

Applicant’s Printed Name

Notary’s Signature

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR EITHER COMMERCIAL DRIVER’S LICENSE, PERMIT, RENEWAL, ENDORSEMENT, OR CHANGE STATE OF RECORD, AND DECLARE UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PERSONAL INFORMATION CONTAINED IN YOUR MOTOR VEHICLE RECORD WILL BE DISCLOSED ONLY IF THE STATE HAS OBTAINED THE EXPRESS CONSENT OF THE PERSON TO WHOM SUCH PERSONAL INFORMATION PERTAINS.

DO YOU CONSENT TO SUCH DISCLOSURE? YES NO

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CLERK#: _____ REST: _____ END: _____ 10-YEAR HISTORY APPROVAL DATE: _____

- PASS FAIL With Corrective Lenses
- PASS FAIL Without Corrective Lenses
- YES NO License Issuance Under Skills Test Exemption
- YES NO Opted not to renew HazMat