



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES
COMMERCIAL DRIVER'S LICENSE OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-4368 Fax: 401-462-5805
www.dmv.ri.gov

Commercial Driver's License Application and Renewal Form

APPLICANT INFORMATION

Form with fields for RI License #, CLASS, License Class Applied For (A, B, C), Last Name, First Name, M.I., Residence Address, Mailing Address, Date of Birth, Social Security Number, Telephone, Height, Weight, Sex, Eye Color, Hair Color, Donor status, and Veteran Designation.

** 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)
Do you intend to operate a vehicle equipped with air brakes?
H - HazMat, P - Passenger, N - Tank Vehicles, S - School Bus, T - Double/Triple Trailers, X - HazMat/Tank Vehicles

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? YES NO

If YES, where? _____

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.

SELF-CERTIFICATION

You must determine what type of commerce you operate in. You must certify to the Division of Motor Vehicles (DMV) one (1) of the four (4) types of commerce you operate in as listed below (choose one):

- 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”).
- Interstate excepted:** You are an Interstate excepted driver and do not have to meet the Federal DOT medical card requirements.
- Intrastate non-excepted:** You are an Intrastate non-excepted driver and are required to meet the medical requirements for your State.
- Intrastate excepted:** You are an Intrastate excepted driver and do not have to meet the medical requirements for your State.

If you are subject to the DOT medical card requirements, please provide a new DOT medical card to your DMV (located in Cranston) prior to the expiration of the current DOT medical card.

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 of 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. RIGL §11-18-1. Also, any false statements on your application could result in the revocation of your license. RIGL 31-11-1.

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

Signature of Applicant

Date

Applicant's Printed Name

Notary's Signature

DO NOT COMPLETE – OFFICIAL USE ONLY

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

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