



**NOTE: All CDL drivers must provide original proof of status as a U.S. Citizen or Lawful Permanent Resident when doing any transaction beginning April 1, 2016.**

Transaction Type (Select One)	License Class Information (Select Applicable Areas)
<b>WHICH OF THE FOLLOWING ARE YOU APPLYING FOR:</b> <input type="checkbox"/> PERMIT (CLP) <input type="checkbox"/> LICENSE (CDL) <input type="checkbox"/> CDL ENDORSEMENT <input type="checkbox"/> CDL CHANGE STATE-OF-RECORD (out-of-state transfer) <input type="checkbox"/> CDL RENEWAL <input type="checkbox"/> CDL DUPLICATE <input type="checkbox"/> CDL UPDATE <input type="checkbox"/> CDL UPGRADE	<b>CLASS COMMERCIAL LICENSE OR PERMIT APPLYING FOR:</b> <input type="checkbox"/> A (Combination Vehicles - GVWR 26,001 pound or more) <input type="checkbox"/> B (Single Vehicles, GVWR 26,001 pounds or more) <input type="checkbox"/> C (Single Vehicles, GVWR less than 26,001 pounds) <b>ENDORSEMENTS:</b> <input type="checkbox"/> H - HazMat <input type="checkbox"/> S - School Bus* <input type="checkbox"/> T - Double/Triple Trailers <input type="checkbox"/> P - Passenger* (16 or more persons, including driver) <input type="checkbox"/> N - Tank Vehicles <small>* Road test is required in addition to the written knowledge test to obtain the endorsement</small>

**Do you intend to operate a vehicle equipped with air brakes?**  
 YES  NO

**ALL CDL CLASSES REQUIRE A SKILLS TEST**  
 Skills test are administered by the Community College of Rhode Island. To book an appointment call 401-825-1146.

**Applicant's Information (Complete All Fields)**

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
DATE OF BIRTH: (MM/DD/YY)	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER:	PASSPORT/EMPLOYMENT AUTHORIZATION/RESIDENT ALIEN CARD NUMBER:		
RI DRIVER'S LICENSE NUMBER:		CURRENT CLASS LICENSE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 10			
STREET ADDRESS: RESIDENCE ADDRESS		APT/UNIT # or FLOOR #:	CITY/TOWN:	STATE:	ZIP CODE:
STREET ADDRESS: MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)		APT/UNIT # or FLOOR #:	CITY/TOWN:	STATE:	ZIP CODE:
TELEPHONE: ( )	ACTIVE MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO	100% DISABLED VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN DESIGNATION: <input type="checkbox"/> YES (DD 214 MUST BE SHOWN, STATING "HONORABLE DISCHARGE") <input type="checkbox"/> NO		

**Place Of Birth (Complete All Fields)**

COUNTRY:	STATE/PROVINCE:	CITY:
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**Physical Information (Complete All Fields)**

HEIGHT: ft/in	WEIGHT: lbs	EYE COLOR: (check one) <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> GRAY <input type="checkbox"/> DICHROMATIC <input type="checkbox"/> BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK	HAIR COLOR: (check one) <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> WHITE <input type="checkbox"/> BALD <input type="checkbox"/> BLONDE <input type="checkbox"/> RED <input type="checkbox"/> GRAY
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**Medical Certification**

Medical Qualifications: Unless specifically exempted, you must possess a valid medical examiner's certificate in order to operate a commercial motor vehicle (49CFR 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 (select one):

- 1. Interstate Non-Exempted:** You are an Interstate non-exempted driver and must meet the Federal DOT medical card requirements (e.g., - you are "not exempted").
- 2. Interstate Exempted:** You are an Interstate exempted driver and do not have to meet the Federal DOT medical card requirements.
- 3. Intrastate Non-Exempted:** You are an Intrastate non-exempted driver and are required to meet the medical requirements for your State.
- 4. Intrastate Exempted:** You are an Intrastate exempted 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 to your DMV (located in Cranston) prior to the expiration of the current DOT medical card.

### General Questions (Complete All Fields)

1. Are you a Rhode Island resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO	8. Are you a US Citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you want to register as an Organ and Tissue Donor?	<input type="checkbox"/> YES <input type="checkbox"/> NO	9. Do you want to Register to Vote? (applicable to U.S. citizens only)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is your license or right to operate a vehicle currently suspended, revoked, or refused by this or any other state?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PARTY AFFILIATION: _____	
4. Do you have any conditions (other than eyesight) that could impair your ability to drive a motor vehicle? If yes, list any: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	If you are 18 years old on or before Election Day you may register. If you are at least 16 years of age, you may pre-register.	
5. Have you ever been convicted of a motor vehicle offense in District or Superior Court? If yes, please explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	10. Are you disqualified from operating a commercial vehicle by Federal DOT regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you use any type of corrective lenses while driving?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTICE TO MALES 18 TO 26 YEARS OF AGE:</b> <b>Pursuant to RI Gen. Laws 31-10-47(a), "(a)ny male, United States citizen or immigrant who is at least eighteen (18) years of age, but less than twenty-six (26) years of age shall be registered in compliance with the requirements of section 3 of the "Military Selective Service Act", 50 U.S.C. App. 451 et seq., when applying to receive a driver's license, renewal or identification card or renewal."</b> <b>Pursuant to RI Gen. Laws 31-10-47(b), the applicant recognizes that by submitting this application he is consenting to registration with the Selective Service system, if so required by federal law.</b>	
7. Have you ever held a license in any other state? If yes, what is the most recent state? _____ License Number: _____ Exp. Date: _____ Endorsements: _____ Restrictions: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		

### CDL History

As part of my application, I swear or affirm that I have held a license to operate any time 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	DATES LICENSE WAS HELD	NAME AT THAT TIME

- I certify that I meet qualification requirements 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 statement 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 a 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 records 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

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

### DO NOT COMPLETE – FOR DMV USE ONLY

CLERK #: _____	RES: _____	END: _____	10-YR HISTORY APPROVAL DATE: _____
With corrective lenses? <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	License issuance under Skills Test Exemption <input type="checkbox"/> YES <input type="checkbox"/> NO		
Without corrective lenses? <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Opted not to renew HazMat <input type="checkbox"/> YES <input type="checkbox"/> NO		