



TEXAS COMMERCIAL DRIVER LICENSE APPLICATION

NOTICE: All information on this application must be in INK.

SELECT ONE: ORIGINAL RENEWAL CHANGE

Commercial Driver License Number (If Applicable) _____

FOR DEPARTMENT USE ONLY

ASSIGNED # _____

RESTRICTIONS _____

ENDORSEMENTS _____

APPLICANT INFORMATION CONTACT INFORMATION

LAST NAME: _____
 FIRST NAME: _____
 MIDDLE NAME: _____
 SUFFIX: _____
 MAIDEN NAME: _____
 DATE OF BIRTH (mm/dd/yyyy): _____ - _____ - _____
 SSN: _____ - _____ - _____
 SEX: (Circle One) MALE FEMALE
 EYE COLOR: _____ HAIR COLOR: _____
 RACE/ETHNICITY: _____ (I) American Indian/Alaska Native
 (A) Asian/Pacific Islander (B) Black (H) Hispanic (O) Other (W) White
 HEIGHT: ft. _____ in. _____ WEIGHT: lbs. _____
 PLACE OF BIRTH: CITY: _____ COUNTY: _____ STATE: _____ COUNTRY: _____
 FATHER'S LAST NAME: _____ MOTHER'S MAIDEN NAME: _____

HOME PHONE: _____
 OTHER PHONE: _____
 EMAIL: _____
ADDRESS INFORMATION
 RESIDENCE ADDRESS: _____

 CITY: _____ STATE: _____
 ZIP CODE: _____ COUNTY: _____
 MAILING ADDRESS: _____

 CITY: _____ STATE: _____
 ZIP CODE: _____ COUNTY: _____

 CITY: _____ STATE: _____
 ZIP CODE: _____ COUNTY: _____

INSTRUCTIONS: Indicate the type of license and any applicable endorsements and/or airbrake requirements you are applying for.

- | CLASS | CLP | ENDORSEMENTS | AIRBRAKES |
|--|---|--|--|
| <input type="checkbox"/> Class A - CDL | <input type="checkbox"/> Class A | <input type="checkbox"/> Double/Triple Trailer | <input type="checkbox"/> Vehicle with Airbrakes |
| <input type="checkbox"/> Class B - CDL | <input type="checkbox"/> Class B | <input type="checkbox"/> Passenger | <input type="checkbox"/> Vehicle without Airbrakes |
| <input type="checkbox"/> Class C - CDL | <input type="checkbox"/> Class C | <input type="checkbox"/> School Bus | |
| | <i>CLP holders must wait 14 days after issuance of CLP to take the Road Test.</i> | <input type="checkbox"/> Tank Vehicle | |
| | | <input type="checkbox"/> Hazardous Materials | |
| | | <i>(Must be a U.S. Citizen or Lawful Permanent Resident)</i> | |

WHAT IS INTERSTATE OR FOREIGN COMMERCE?

- Trade, traffic, or transportation in the United States which is between a place in a state and a place outside of such state (including a place outside of the United States); or
- Between two places in a state through another state or a place outside of the United States; or
- Between two places in a state as part of trade, traffic or transportation, originating or terminating outside the state or the United States.

WHAT IS INTRASTATE COMMERCE?

- Transportation of property (a commodity) where the point of origin and destination are totally within one state and no state line or international boundary is crossed.
- The Bill of Lading will be an indicator as to whether a shipment or commodity is interstate or intrastate.
- If there is no Bill of Lading, the origin and destination of the shipment will be an indicator.

REQUIRED INFORMATION FROM ALL APPLICANTS (Answer all questions)

- | YES | NO | |
|------------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Will you be operating a commercial motor vehicle in INTERSTATE or FOREIGN commerce?
If Yes, you must be able to certify to the CDL-4, Qualification of Interstate Driver Certification.
OR Complete CDL-10, Certificate of Federal Physical Exemption if you are eligible.
If No, you must be able to certify to the CDL-5, Qualifications of Intrastate Driver Certification; |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Do you meet the <u>qualification</u> requirements to have your skills test waived? If yes, complete form CDL-3 or 3A. (military) |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Are you a citizen or lawful permanent resident of the United States? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | If you are a US citizen, would you like to register to vote? If registered, would you like to update your voter information?
By providing my electronic signature, I understand the personal information on my application form and my electronic signature will be used for submitting my voter's registration application to the Texas Secretary of State's office. Wanting to register to vote, I authorize the Department of Public Safety to transfer this information to the Texas Secretary of State. |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | If you answered no to question #3, are you a Refugee, Asylee, or U.S. National? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Would you like to register as an organ donor? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Do you want to support the Glenda Dawson Donate Life Texas donor registry?
If yes, please indicate a donation amount of \$1 or more \$_____00 |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Do you want to support survivors of sexual assault? If yes, please indicate a donation amount of \$1 or more \$_____00 to help fund the testing of sexual assault evidence collection kits (rape kits). |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Do you want a Veteran Designator on your driver license? (Proof of honorable discharge required; acceptable documents are DD214, DD215, NGB22, or VA disability letter noting characterization of service). |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | In the event of injury or death would you like to provide two (2) emergency contacts? If yes, please list:
a) Name _____ Telephone Number _____ Address _____
b) Name _____ Telephone Number _____ Address _____ |

YES NO

- 11. Are you at this time placed out-of-service? Why? _____
- 12. Have you ever had a driver license or instruction permit in Texas? Number _____ When? _____
- 13. Have you ever had a driver license or instruction permit in any other state in the last ten years? If yes, list state and driver license number.
 State _____ Number _____ State _____ Number _____
 State _____ Number _____ State _____ Number _____
- 14. Have you ever had a Texas identification card? Number _____ When? _____
- 15. Are you enrolled in or have you completed an approved driver education course?
- 16. Is your driver license or driver privilege CURRENTLY or has it EVER been suspended, revoked, cancelled, or disqualified in ANY state?
 Where? _____ When? _____ Why? _____

VEHICLE REGISTRATION AND INSURANCE INFORMATION

- 17. Do you own a motor vehicle that is required to be registered (Texas Transportation Code Section 502.002)?
- 18. Do you own a motor vehicle that is required to have liability insurance OR other proof of financial responsibility in compliance with the Motor Vehicle Safety Responsibility Act (Texas Transportation Code Section 601.051)?

MEDICAL HISTORY

- 19. Do you currently have or have you ever been diagnosed with or treated for any medical condition that may affect your ability to safely operate a motor vehicle?

EXAMPLES, including but not limited to: Diagnosis or treatment for heart trouble, stroke, hemorrhage or clots, high blood pressure, emphysema (within past two years) • progressive eye disorder or injury (i.e., glaucoma, macular degeneration, etc.) • loss of normal use of hand, arm, foot or leg • black-outs, seizures, loss of consciousness or body control (within the past two years) • difficulty turning head from side to side • loss of muscular control • stiff joints or neck • inadequate hand/eye coordination • medical condition that affects your judgment • dizziness or balance problems • missing limbs
 Please explain and identify medical condition: _____

- 20. Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, please explain: _____
- 21. Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
- 22. Do you have diabetes requiring treatment by insulin?
- 23. Do you have any alcohol or drug dependencies that may affect your ability to safely operate a motor vehicle or have you had any episodes of alcohol or drug abuse within the past two years?
- 24. Within the past two years have you been treated for any other serious medical condition? Please explain: _____
- 25. Have you **EVER** been referred to the Texas Medical Advisory Board for Driver Licensing?
- 26. Do you have a health condition that may impede communication with a peace officer? If yes, please list: (physician must complete form DL-101 prior to the issuance of a DL/ID). _____

NOTICE: The information on this application is required by the Texas Driver License Act, Texas Transportation Code Chapter 521. Failure to provide the information is cause for refusal to issue a driver license or identification card, and in some cases, cancellation or withdrawal of driving privileges. False information could also lead to criminal charges with penalties of a fine up to \$4,000.00 and/or jail.

DO NOT SIGN BELOW UNTIL INSTRUCTED TO DO SO BY NOTARY PUBLIC OR DRIVER LICENSE EMPLOYEE.

CERTIFICATION

I do solemnly swear, affirm, or certify that I am the person named herein and that the statements on this application are true and correct. I further certify my residence address is a (check one): () single family dwelling, () apartment, () motel, () temporary shelter. I agree to immediately report to the Texas Department of Public Safety any changes in my medical condition which may affect my ability to safely operate a motor vehicle. I further understand that I am required by law to report any change of name or address to the Department of Public Safety within thirty days.

APPLICANT'S SIGNATURE	DATE
-----------------------	------

Sworn to and subscribed before me on this the _____ day _____
 of _____, _____ Notary Public or Authorized Officer

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

Disclosure of your social security account number is mandatory for identification card and driver license applicants. This information is solicited pursuant to 42 U.S.C. 405(c)(2)(C)(i), 42 U.S.C. 666(a)(13)(A); 49 C.F.R. 383.153, Texas Family Code Section 231.302(c)(1) and Texas Transportation Code Sections 522.021 and 521.142. The Department will use social security number information for identification purposes and will only release the number to the Child Support Enforcement Division of the Attorney General's Office, the U.S. Selective Service Administration and the Texas Secretary of State for statutorily authorized purposes pursuant to Texas Transportation Code Section 521.044.

UNITED STATES SELECTIVE SERVICE

Any male United States citizen or immigrant who is at least 18 years of age but less than 26 years of age submitting this application consents to registration with the United States Selective Service System. You must be registered to qualify for federal student aid (to include Pell grant), job training, federal employment, and citizenship if an immigrant. In Texas, you must be registered to qualify for state college student aid or state employment. If convicted, failure to register with the Selective Service is a felony punishable by up to five years in prison and/or a \$250,000 fine. If not registered by age 26, you can no longer register and could permanently lose those benefits associated with registration. For alternative options for applicants who object to conventional military service for religious or other conscientious reasons information is available at: <http://www.sss.gov/FactSheets/FSaltsvc.pdf>.