

TEXAS COMMERCIAL DRIVER LICENSE APPLICATION INTERSTATE DRIVER CERTIFICATION

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

APPLIC	ANT INFORMATION		
		FIRST NAME	
DATE (DF BIRTH (mm/dd/yyyy)		
	L SECURITY NUMBER		
	S INTERSTATE COMMERCE?		
 Ti (ii) B B U 		portation, originating or terminating outside the state or the	
INSTRU	CTIONS		
merce,		operation of a commercial motor vehicle in interstate or foreign com- Rule 49 C.F.R., Part 391. Please review the following requirements.	
CERTIF	ICATION		
I certify	that I:		
a.	am at least 21 years of age;		
b.	 can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records; 		
C.		iquines, and to make entries on reports and records,	
-			
-	am not disqualified to drive a motor vehicle in any state.	ox(es) below)	
SECTIO	am not disqualified to drive a motor vehicle in any state.	ox(es) below)	
SECTIO	am not disqualified to drive a motor vehicle in any state. N A. I FURTHER CERTIFY THAT I: (Check the appropriate bo Do not have a loss of a foot, a leg, a hand, or an arm, or ha	ox(es) below) ave been granted a waiver;	
SECTIO	 am not disqualified to drive a motor vehicle in any state. N A. I FURTHER CERTIFY THAT I: (Check the appropriate both the propriate both the proprise both the propriate both the propriate both the propris	ox(es) below) ave been granted a waiver;	
SECTIO	 am not disqualified to drive a motor vehicle in any state. N A. I FURTHER CERTIFY THAT I: (Check the appropriate both the propriate both the proprise both the propriate both the propriate both the propris	ox(es) below) ave been granted a waiver; n or power grasping; or ity to perform normal tasks associated with operating a motor	
SECTIO	 am not disqualified to drive a motor vehicle in any state. N A. I FURTHER CERTIFY THAT I: (Check the appropriate bo Do not have a loss of a foot, a leg, a hand, or an arm, or ha Do not have an impairment of: A hand or finger which interferes with prehension An arm, foot, or leg which interferes with the abil vehicle; or any other significant limb defect or lim associated with operating a motor vehicle; Do not have a current clinical diagnosis of myocardial infarmany other cardiovascular disease of a variety known to be a cardiac failure; 	ox(es) below) ave been granted a waiver; n or power grasping; or ity to perform normal tasks associated with operating a motor itation which interferes with the ability to perform normal tasks ction, angina pectoris, coronary insufficiency, thrombosis, or	
SECTIO 1 2 3	 am not disqualified to drive a motor vehicle in any state. N A. I FURTHER CERTIFY THAT I: (Check the appropriate both the propriate both the propries both the propriate both the propris	ex(es) below) ave been granted a waiver; In or power grasping; or hty to perform normal tasks associated with operating a motor hitation which interferes with the ability to perform normal tasks ction, angina pectoris, coronary insufficiency, thrombosis, or accompanied by syncope, dyspnea, collapse, or congestive	

7. 🗌	Do not have an established medical history or clinical diagnosis of epilepsy or any oth of consciousness or any loss of ability to control a motor vehicle;	er condition which is likely to cause loss	
8. 🗌	Do not have a mental, nervous, organic, or functional disease or psychiatric disorder limotor vehicle safely;	ikely to interfere with my ability to drive a	
9. 🗌	Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lent to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 2 eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Me to recognize the colors of traffic signals and devices showing standard red, green, and	20/40 (Snellen) in both eridian in each eye, and the ability	
10. 🗌	First perceive a forced whispered voice in the better ear at not less than 5 feet with or if tested by use of an audiometric device, do not have an average hearing loss in the Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device Standard (formerly ASA Standard) Z24.5-1951;	petter ear greater than 40 decibels at 500	
11. 🗌	Do not use a Schedule I drug or other substance, an amphetamine, a narcotic, or any	other habit forming drug; and	
12. 🗌	Do not use any non-Schedule I drug or substance that is identified in the other Schedule is prescribed by a licensed medical practitioner, as defined in §382.107, who is familia has advised the driver that the substance will not adversely affect the driver's ability to vehicle;	r with the driver's medical history and	
13. 🗌	Do not have a current clinical diagnosis of alcoholism.		
	IF YOU CHECKED ALL THE BOXES ABOVE, SKIP SEC	TION B	
SECTIO	ON B. I FURTHER CERTIFY THAT I: (Check the appropriate box below)		
YES	NO		
 Have a federal variance for one of the medical conditions that I have selected below (select all that apply). A federal variance must be submitted with a current medical examiner's certificate when certifying to this section. 			
		to whom contrying to this couldn.	
	Vision Limb Seizures Hearing		
OR EX REQU	Vision Limb Seizures Hearing TIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAL XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT IREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG O UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE	
OR EX REQUI I ALSO DEPAI	TIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAL XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT IREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG O UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE	
OR EX REQUI I ALSO DEPAN	RTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAI XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT IREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG TO UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3 CANT'S SIGNATURE	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 891.45.	
OR EX REQUI I ALSO DEPAN	RTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAI XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT IREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG O UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 891.45.	
OR EX REQUI I ALSO DEPAN	RTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAI XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT IREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG TO UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3 CANT'S SIGNATURE	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 891.45.	
OR EX REQUI I ALSO DEPAI	RTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAI XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT IREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG TO UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3 CANT'S SIGNATURE	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 191.45.	
OR EX REQUI I ALSO DEPAI APPLIC Sworn	RTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAL XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT INREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG TO UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3 CANT'S SIGNATURE	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 191.45.	
OR EX REQUI I ALSO DEPAI APPLIC Sworn FOR DE This fo	RTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAI XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT IREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG TO UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3 CANT'S SIGNATURE To and subscribed before me on this the day of No DEPARTMENT USE ONLY	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 191.45.	
OR EX REQUI I ALSO DEPAI APPLIC Sworn FOR DE This fo P15 –	RTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAL XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT DIREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG TO UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3 CANT'S SIGNATURE The to and subscribed before me on this the day of	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 191.45.	
OR EX REQUI I ALSO DEPAI APPLIC Sworn FOR DE This fo P15 – 1 V – Me Class	RTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAL XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT DIREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEGO UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3 CANT'S SIGNATURE In to and subscribed before me on this the day of	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 191.45.	
OR EX REQUI I ALSO DEPAI APPLIC Sworn FOR DE This fo P15 – C V – Me Class endors	RTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAL XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT IREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG OUNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3 CANT'S SIGNATURE In to and subscribed before me on this the day of	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 991.45. DATE 	
OR EX REQUI I ALSO DEPAI APPLIC Sworn FOR DE This fo P15 – U V – Me Class endors Class	RTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAL XXPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT IREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG IO UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3 CANT'S SIGNATURE In to and subscribed before me on this the day of	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 991.45. DATE 	
OR EX REQUI I ALSO DEPAI APPLIC Sworn FOR DE This fo P15 – 1 V – Me Class Class Class	RTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAL XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT INEMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG IO UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3 CANT'S SIGNATURE In to and subscribed before me on this the day of	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 991.45. DATE 	
OR EX REQUI I ALSO DEPAI APPLIC Sworn FOR DE This fo P15 – V V – Me Class Class Class Skills	ATIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUAL XPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT JIREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEG TO UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED RTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 3 CANT'S SIGNATURE In to and subscribed before me on this the day of	LIFICATIONS, AND THAT I OPERATE TO AND MEET THE QUALIFICATION ORY 1, NON-EXCEPTED INTERSTATE. TO OBTAIN AND PRESENT TO THE 991.45. DATE 	

Γ