



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

RENEWAL AND REPLACEMENT DRIVER LICENSE / CDL / I.D. CARD APPLICATION

RENEWAL REPLACEMENT DRIVER LICENSE INSTRUCTION PERMIT IDENTIFICATION CARD CDL

LAST NAME (PRINT LEGAL NAME) _____ FIRST NAME _____ FULL MIDDLE NAME _____ SOCIAL SECURITY NUMBER _____ - _____

OREGON LICENSE/ID NUMBER _____ DATE OF BIRTH (M-D-Y) _____ RESTRICTIONS _____ Do you want your license/ID card to show that you are an anatomical donor? YES NO

RESIDENCE ADDRESS _____ MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS) _____

CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____

Do you now have, or have you ever had, an instruction permit, identification card, commercial driver license or driver license from Oregon issued in any other name or other Oregon driver license number? YES NO EXPIRATION DATE _____ LICENSE / ID NUMBER _____ NAME ON PREVIOUS LICENSE / ID _____

Are you currently or have you ever had your license to drive or right to apply for the privilege suspended, revoked, canceled or refused? YES NO DATE _____ STATE _____ REASON _____

You are required to report any mental or physical condition or impairment that affects your ability to drive safely. You are not required to report all your health conditions – only those that affect your ability to drive safely. DMV will use your answers to the following questions only for the purpose of determining your eligibility for an Oregon license. If you have a condition or impairment that makes you unable to safely operate a motor vehicle, you are not eligible for a license until you have provided additional medical information and/or passed DMV tests. **If you answer "Yes" to any one of the questions below, we will not be able to issue you a license at this time.**

- 1) Do you have a vision condition or impairment that **has not been corrected** by glasses, contacts or surgery that affects your ability to drive safely? YES NO
- 2) Do you have any physical or mental conditions or impairments that affect your ability to drive safely? YES* NO
 *If **Yes:** a) What is the condition or impairment?: _____
 b) Describe how this affects your ability to drive safely: _____
- 3) Do you use alcohol, inhalants, or controlled substances to a degree that affects your ability to drive safely? YES* NO
 *If **Yes:** a) Describe how your use affects your ability to drive safely: _____

REQUIRED FOR CDL ONLY

- 1. Will you drive a commercial motor vehicle in interstate commerce? If **NO**, you are not subject to Part 391 of Federal Regulations.*..... YES NO
- 2. Will you meet all the requirements contained in the Federal Regulations, as listed on the back of this form, before operating a commercial motor vehicle? YES NO
- 3. Do you have a driver license from more than one state or licensing jurisdiction? YES NO
- 4. Is any part of your driving privilege suspended, revoked or canceled in any state or jurisdiction or are you disqualified from operating a commercial motor vehicle under provisions of Federal Motor Carrier Safety Regulations. Part 383.51. YES NO
- 5. List all states, where you have been licensed in the last 10 years to operate any motor vehicle, **below:**

STATE:	STATE:	STATE:	STATE:	STATE:
STATE:	STATE:	STATE:	STATE:	STATE:
STATE:	STATE:	STATE:	STATE:	STATE:

*If you have a CDL Intrastate ('K') restriction on your current CDL and intend to operate a CMV in interstate commerce, please bring this to the attention of office staff.

I understand: DMV will cancel or suspend my permit, license or ID if I make any false statement or show false evidence of age, identity, legal presence, Social Security Number, full legal name, and/or residence address on this application. If I am convicted of such act(s), I can be fined and/or sentenced to jail. Disclosure of my Social Security Number is mandatory and may be used: for enforcing child support laws; verifying identity and residence; submission to the Commercial Driver's License Information System (commercial privileges only); and by other government agencies who request it from DMV. (ORS 25.785, ORS 807.021, ORS 807.050, OAR 735-062-0005.) If I operate a commercial motor vehicle in interstate commerce, I certify that I meet all Federal Regulation requirements.

ALL APPLICANTS MUST SIGN

MY SIGNATURE CERTIFIES THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT (FULL LEGAL NAME)
X

STOP - DO NOT WRITE IN THE AREA BELOW - FOR DMV OFFICE USE ONLY

REMOVED OR ADDED _____ RESTRICTION. LP: C P U T NSPN
(D) (V) (B) (K)

LP/ID PRESENTED:

PROOF OF SSN / VERIFICATION US BIRTH CERTIFICATE US PASSPORT/CARD FOREIGN PASSPORT AND DHS DOC.
 DHS DOCUMENT OTHER (SPECIFY): _____ 2nd CHECK (IF REQUIRED): _____
EMPLOYEE ID _____

VISION: OK OK W/BIOPTIC LENSES OK W/WCL REFERRED: ACUITY F.O.V. DATE _____ TSR ID _____

(CDL) MEDICAL CERTIFICATION EXPIRATION DATE _____ DATE STAMP _____ FEE \$ _____ TSR ID _____

CFR Title 49, Part 391.11 – General qualification of drivers.

- (a) A person shall not drive a commercial motor vehicle unless he is qualified to drive a commercial motor vehicle. Except as provided in Part 391.63, a motor carrier shall not require or permit a person to drive a commercial motor vehicle unless that person is qualified to drive a commercial motor vehicle.
- (b) Except as provided in subpart G of this part, a person is qualified to drive a motor vehicle if he/she--
 - (1) Is at least 21 years old;
 - (2) 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;
 - (3) Can, by reason of experience, training, or both, safely operate the type of commercial motor vehicle he/she drives;
 - (4) Is physically qualified to drive a commercial motor vehicle in accordance with subpart E--Physical Qualifications and Examinations of this part;
 - (5) Has a currently valid commercial motor vehicle operator's license issued only by one State or jurisdiction;
 - (6) Has prepared and furnished the motor carrier that employs him/ her with the list of violations or the certificate as required by Part 391.27;
 - (7) Is not disqualified to drive a commercial motor vehicle under the rules in Part 391.15; and
 - (8) Has successfully completed a driver's road test and has been issued a certificate of driver's road test in accordance with Part 391.31, or has presented an operator's license or a certificate of road test which the motor carrier that employs him/her has accepted as equivalent to a road test in accordance with Part 391.33.

Part 391.13 Responsibilities of drivers.

In order to comply with the requirements of Part 392.9(a) and § 393.9 of this subchapter, a motor carrier shall not require or permit a person to drive a commercial motor vehicle unless the person--

- (a) Can, by reason of experience, training, or both, determine whether the cargo he/she transports (including baggage in a passenger-carrying commercial motor vehicle) has been properly located, distributed, and secured in or on the commercial motor vehicle he/she drives;
- (b) Is familiar with methods and procedures for securing cargo in or on the commercial motor vehicle he/she drives.