



COMMERCIAL DRIVER LICENSE APPLICATION

DRIVER LICENSE CLASS: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	INSTRUCTION PERMIT <input type="checkbox"/>	MOTORCYCLE ENDORSEMENT <input type="checkbox"/>	ENDORSEMENT TYPE			DOES THE VEHICLE YOU INTEND TO OPERATE HAVE AIR BRAKES?
			<input type="checkbox"/> HAZMAT (H) <input type="checkbox"/> TANK (N)	<input type="checkbox"/> PASSENGER (P) <input type="checkbox"/> DOUBLE/TRIPLE (T)	<input type="checkbox"/> SCHL BUS (S)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REMOVAL

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

PREVIOUS NAMES USED	ARE YOU UNDER 21? (IF YES, YOU WILL HAVE A "K" ADDED TO YOUR LICENSE FOR INTRASTATE OPERATION ONLY)
	<input type="checkbox"/> YES <input type="checkbox"/> NO

OREGON LICENSE / ID NUMBER	DATE OF BIRTH	MOTHER'S MAIDEN NAME	APPLICANT'S PLACE OF BIRTH (CITY & STATE OR COUNTRY)

RESTRICTIONS	ENDORSEMENTS	DO YOU WANT YOUR LICENSE TO SHOW THAT YOU ARE AN ANATOMICAL DONOR?	HEIGHT	WEIGHT	SEX (CIRCLE)	HAIR COLOR	EYE COLOR
		<input type="checkbox"/> YES <input type="checkbox"/> NO	FT. IN.		M F		

RESIDENCE ADDRESS	MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS)

CITY, STATE, ZIP CODE	CLASS OF PREVIOUS LICENSE	HOW LONG HAVE YOU BEEN DRIVING?
		YEARS MONTHS

Do you now have, or have you ever had, an instruction permit, identification card, driver license or commercial driver license from Oregon?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER	UNDER WHAT NAME?

Have you ever had your right to apply suspended, revoked or cancelled in any state including Oregon?	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE(S)

- Will you drive a commercial motor vehicle in interstate commerce? If **YES**, you are subject to Part 391 of Federal Regulations: YES NO
- 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
- Do you have a driver license from more than one state or licensing jurisdiction? YES NO
- 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
- List all states where you have been licensed in that last 10 years to operate **any** motor vehicle :

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

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.**

- 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 YES* NO
- Do you have any physical or mental conditions or impairments that affect your ability to drive safely?
*If **Yes**: a) What is the condition or impairment?: _____
b) Describe how this affects your ability to drive safely: _____
- 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: _____

I understand it is illegal to make a false statement or show false evidence of age, identity, legal presence, Social Security Number, full legal name and/or residence address on forms required for an Oregon license or ID card. If I do, my license/permit will be canceled/suspended and I may be fined and sentenced to jail (ORS 807.530). I understand disclosure of my social security number is mandatory and may be used for: enforcing child support laws; verifying identity and residency; submission to the Commercial Driver's License Information System (ORS 25.785, ORS 807.050, 49 CFR 383.153). I certify the vehicle I will use for the license test has insurance coverage meeting the requirements of ORS 806.060. I further certify that the vehicles I will drive are representative of the class marked above.

SIGNATURE OF APPLICANT (FULL LEGAL NAME): X

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

OUTSTANDING REQUIREMENTS	DATE RECEIVED	TSR ID	VISION / HEARING	
<input type="checkbox"/> LP, SSN + ADDRESS			VISION: <input type="checkbox"/> OK <input type="checkbox"/> OK/WCL	HEARING: <input type="checkbox"/> GOOD <input type="checkbox"/> DEAF
<input type="checkbox"/> REIN. FEE/SR-22			REFERRED: <input type="checkbox"/> ACUITY <input type="checkbox"/> F.O.V.	DATE _____ TSR ID _____
<input type="checkbox"/> OTHER:				

KNOWLEDGE TESTS									
	DATE / LOCATION	TEST NO.	SCORE	TSR ID		DATE / LOCATION	TEST NO.	SCORE	TSR ID
1					3				
2					4				

DOCUMENTS PRESENTED	DOCUMENTS PRESENTED	DOCUMENTS PRESENTED
<input type="checkbox"/> PROOF OF SSN / VERIFICATION <input type="checkbox"/> US BIRTH CERTIFICATE <input type="checkbox"/> US PASSPORT/CARD <input type="checkbox"/> FOREIGN PASSPORT AND DHS DOC. <input type="checkbox"/> DHS DOCUMENT <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> PROOF OF SSN / VERIFICATION <input type="checkbox"/> US BIRTH CERTIFICATE <input type="checkbox"/> US PASSPORT/CARD <input type="checkbox"/> FOREIGN PASSPORT AND DHS DOC. <input type="checkbox"/> DHS DOCUMENT <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> PROOF OF SSN / VERIFICATION <input type="checkbox"/> US BIRTH CERTIFICATE <input type="checkbox"/> US PASSPORT/CARD <input type="checkbox"/> FOREIGN PASSPORT AND DHS DOC. <input type="checkbox"/> DHS DOCUMENT <input type="checkbox"/> OTHER (SPECIFY): _____

DATE	TSR ID	2nd APPROVAL	DATE	TSR ID	2nd APPROVAL	DATE	TSR ID	2nd APPROVAL

MEDICAL CERTIFICATION EXPIRATION DATE	OUT-OF-STATE CDL SURRENDERED?	DATE STAMP	FEE	TSR ID
	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	

CDL SKILLS TEST

KNOWLEDGE TEST

	DATE / LOCATION	TEST NO.	SCORE	TSR ID
5				
6				
7				
8				
9				
10				
11				
12				

	DATE	CLASS	PASS < 26K (N) PASS > 26K (M)	PRETRIP <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> EQ FAIL	DRIVE TEST SCORE	TSR ID
1		A B C				
2		A B C				
3		A B C				

MOTORCYCLE DRIVE TEST

	DATE	INSURANCE DOCUMENT	SCORE	TSR ID
M1				
M2				

if you will not meet the following qualifications, you may not operate a commercial motor vehicle in interstate commerce but may be eligible to operate a commercial motor vehicle in intrastate commerce only.

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

- (a) A person shall not drive a 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.