



# FARM ENDORSEMENT APPLICATION

NO SAVE PRINT NEEDED

## CONDITIONS:

A Farm Endorsement on a regular Class C Driver License allows operation of vehicles which are:

- Controlled or operated by a farmer.
- Used to transport agricultural products, farm machinery or farm supplies to and from a farm.
- Not used in the operation of a common or contract motor carrier.
- Operated within 150 miles of the farmer's farm.
- Operated within the state of Oregon or a neighboring state with which Oregon has a valid reciprocity agreement specifically authorizing operation of farm vehicles within that state.

## INSTRUCTIONS:

- Complete both sides of this application.
- Your employer (or the self-employed applicant) must complete and sign Part A.
- Complete and sign Part B.
- Present this application at a DMV office.

### Part A

APPLICANT'S FULL LEGAL NAME (PRINTED)

APPLICANT'S DRIVER LICENSE NUMBER

I certify that the above named applicant is:

- Employed by me on my farm
- A self-employed farmer

I further certify that the above named applicant is experienced in driving:

- Class A vehicles** (combination vehicles with a gross combined weight rating (GCWR) of more than 26,000 pounds, when the trailer has a gross vehicle weight rating (GVWR) of more than 10,000 pounds).
- Class B vehicles** (single vehicles with GVWR of more than 26,000 pounds).

I understand it is against the law to make any false certification regarding an application for a Farm Endorsement. I also understand that, if I do, I can be fined according to Oregon law.

NAME OF EMPLOYER (PRINTED)

PHONE NUMBER

(      )

SIGNATURE OF EMPLOYER OR SELF-EMPLOYED APPLICANT (FULL LEGAL NAME OF APPLICANT)

DATE

X

## Part B

I am applying for a:

**Class A (Y) Farm Endorsement**, which allows me to drive any vehicle, except passenger vehicles and triple trailer combination vehicles, under the conditions on the front of this application.

**Class B (Z) Farm Endorsement**, which allows me to drive single vehicles under the conditions on the front of this application having a gross vehicle weight rating (GVWR) or gross vehicle weight (GVW) of more than 26,000 pounds. Allows the towing of a trailer with a GVWR and GVW of 10,000 pounds or less.

**No additional commercial endorsements are required to operate the vehicles indicated above.  
A motorcycle endorsement is required to operate motorcycles.**

FULL LEGAL NAME (PLEASE PRINT) LAST NAME		FIRST NAME	FULL MIDDLE NAME	SOCIAL SECURITY NUMBER - - -		
ODL / ID / CUSTOMER NUMBER	DATE OF BIRTH	APPLICANT'S PLACE OF BIRTH (STATE OR COUNTRY)		MOTHER'S MAIDEN NAME		
RESTRICTIONS		HEIGHT FT IN	WEIGHT LBS	SEX <input type="checkbox"/> M <input type="checkbox"/> F	EYE COLOR	HAIR COLOR
RESIDENCE ADDRESS		CITY		STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)		CITY		STATE	ZIP CODE	
DO YOU CURRENTLY HAVE, OR HAVE YOU EVER HAD, YOUR LICENSE OR PERMIT TO DRIVE OR RIGHT TO APPLY FOR THE PRIVILEGE SUSPENDED, REVOKED OR REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> 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: \_\_\_\_\_

I certify that:

- I have **not** been convicted of any of the following traffic crimes within 5 years of the date of this application:
  - 1) Reckless driving
  - 2) DUII
  - 3) Failure to perform duties of a driver involved in accident or collision
  - 4) Criminal driving while suspended or revoked
  - 5) Fleeing or attempting to elude a police officer
- I have **not** been involved in a traffic accident and convicted of a traffic offense in connection with the accident within 2 years of the date of this application.
- I do **not** have a lifetime CDL suspension.

### I further certify I will operate these vehicles under the conditions listed on this application.

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 (ORS 807.530). For driving privileges disclosure of my social security number is mandatory and may be used for: enforcing child support laws; verifying identity and residency; and by other government agencies who request it from DMV. (ORS 25.785, 802.195, ORS 807.050, OAR 735-062-0005). **I also certify that I am domiciled in Oregon as required by ORS 807.062.**

APPLICANT'S SIGNATURE (FULL LEGAL NAME)

**X**

The application of a minor who is under 18 years of age must be signed by both the applicant and the applicant's mother, father, or guardian or, if the person has no mother, father or guardian, by the person's employer.

NAME OF PARENT OR GUARDIAN (PRINTED)

SIGNATURE OF PARENT OF GUARDIAN

**X**

**DOCUMENTS PRESENTED:**

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

DATE	TSR ID	2nd APPROVAL	COUNTER DATE STAMP	FEE RECEIVED \$	RECEIVED BY
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