COMMERCIAL DRIVER LICENSE APPLICATION

	CD	L CLASS A	, B OR C LEA	RNER'S I	PERMITS, LICE	ENSES (OR WAIVERS	}				
DDINIT	FIRST NAME INITIAL			ST NAME	MAH DIG							
PRINT					MAILING ADDRESS							
EMAIL ADDRESS					TIDDICESS							
Date of Birth	Hair Color	Eye Color	Height	Weight	Gender	ſ	Telephone #	Social Sec	urity Nun	nber		
Month Day Year			Feet & Inches	Pounds	M, F, X (Non-	-binary)		Required if	eligible fo	r SSN		
PLEASE ANSWER THE FOLLOWING QUESTIONS												
1. Place of Birth												
	-		or Town				r Country		YES	NO		
2. Have you completed federally mandated Entry Level Driver Training (ELDT)? Effective 2-7-22, ELDT is required by federal regulation. For more ELDT information, access the website https://tpr.fmcsa.dot.gov .												
federal regul 3. Have you he								ma ?				
State(s):	ia a valia arive	er s ncense n	•	7 omer stat Class:	Expiration 1	-	Endorse		Ш	Ш		
4. Have you ev	er held a Main	e learner's ne				Duic.	Litaois	ements.				
•	what name? ()	-										
5. Have you be			ny motor vehicl	le laws wit	hin the last ten y	years?						
Violation:					Date:	W	here:					
6. Is your privil	ege to operate	a motor veh	icle under susp	ension or r	evocation in this	s state or	any other state	e or province?				
7. Do you have	any of the foll	owing medic	cal conditions?	(If NO, ch	neck box) —							
	s of Conscious		Multiple Sclero	sis	Sleep Apn			Dementia				
☐ Narcolepsy/H☐ Musculoskele			Hypoglycemia Spinal Cord Inj	11257	Limb Amp Parkinson			Mental Health Seizure/Epiler		on		
Substance Use			Heart Trouble	ury	Stroke/Bra		y \Box	Chronic Lung				
Other conditions affecting your ability to safely operate a motor vehicle.												
8. Are you curre	ently disqualifie	d to operate a	commercial ve	hicle by Fe	deral Motor Car	rier Safet	ty Regulation (F	FMCSR)?				
9. I certify I wi	ll take my skill	s/driving tes	t in a vehicle re	epresentati	ve of which I ex	pect to o	perate.					
I certify that I m	eet the follow	ing medical	requirements	contained	in section 391	of the F	MCSR.					
Check only one l												
					terstate comme							
			Part 391 and re ificate before p		obtain a medical	examin	er's certificate.	A Medical Ex	kaminer	must		
					ate commerce, b	out enga	ge exclusively	in transportatio	n or			
					quired to obtain							
					government, tra 390.3(f), 391.2,			corpses or sick	and inju	red		
					rce and am subj			dical qualificati	on			
					cal examiner's c					l <u>y</u>		
					are no exemptio					_		
transporting hazardous materials of a type or quantity that requires the vehicle to be marked or placarded in accordance with 49												
CFR, Subchapter C, Pt. 172. Example: Oil Truck Drivers. This category will result in a "K" restriction (intrastate operation only) being placed on CDL credential.												
Excepted Intrastate: I operate in intrastate commerce but engage exclusively in transportation or operations excepted from all or												
parts of the State driver qualification requirements. Example: Drivers that operate less than 100 air miles from their regular place												
of business. This category will result in a "K" restriction (intrastate operation only) being placed on CDL credential. I am aware that any misstatement on this application will result in immediate suspension or revocation of my permit or license												
and my privilege to operate in the State of Maine may be suspended for a period to be determined by the Secretary of State. Furthermore, I understand that knowingly supplying false information on this form is a Class D crime.												
SIGNATURE OF APPLICANT No Nicknames DATE:												
No Nicknames								DATE:				
Signature of Par	ent or Guardi	an						DATE:				

CHECK BOXES THAT APPLY TO YOUR APPLICATION

□ \$70.00	Class A: for the operation of a combination of vehicles with a gross vehicle weight rating of 26,001 or more pounds, if the gross vehicle weight rating or gross weight of the vehicles being towed is in excess of 10,000 pounds. A holder of a Class A license may with an appropriate endorsement, operate a vehicle in Class B or C.												
□ \$70.00	towing a vahiala with a gross vahiala weight rating or gross weight not in average of 10,000 nounds. A holder of a Class P. license												
Class C: for the operation of a single vehicle or a combination of vehicles that does not meet the definition of Class A or Class B license. A holder of a Class C license may, with an appropriate endorsement, operate all vehicles in that class.													
			\$20.00 fee for each	and are amont about ad halow									
	Н	medical card. Transportation Security Administration fingerprinting and background check required. For more information											
	N	access https://universalenroll.dhs.gov . Effective 2-7-22 an Entry Level Driver Training course must be completed. Tank Vehicles: required when designed to transport liquid or gaseous material within a tank or tanks having an individual rated capacity of more than 119 gallons and an aggregate rated capacity of 1,000 gallons or more that is permanently or temporarily attached to the vehicle or the chessis.											
	T	Double/T	mporarily attached to the vehicle or the chassis. puble/Triple Trailers : required for operators who haul Double/Triple Trailers. (Applicable to Class A CDL only and mere allowed by law)										
	P	Passenge including	Passenger: required on any class license when the vehicle being operated is designed to seat more than 15 passengers negluding the operator. Class B license is required if the vehicle exceeds 26,000 pounds GVWR. Must be 21 years of age.										
	S	with P endorsement is required. If GVWR is 26,000 pounds or less, a Class C CDL is required. You must be 21 years of age and held a valid license for one full year. Skill and road test required. Effective 2-7-22 an Entry Level Driver Training course											
	must be completed. 3 School Bus: designed to carry 15 passengers or less including the driver. Commercial driver's license not required. Must be 21 years of age. Skill and road test required.												
			PLEASE MAKE CHECK OR MONE	V ODDER DAVARI E TO: Soor	estary of State								
other mus EMBOSS province,	t bear ED SE photoc	entification by your written EAL or STAL copies of the	required when application is submitted and at signature. Birth Certificate is required for app MP of the issuing agency. Notarized copies a front and back of the license MUST ALSO be to table documents to establish such proof, reference.	time of testing. One form of identificate olicants under the age of twenty-three. Or re NOT acceptable. If you are the hole of produced. Proof of residency and lawer to http://www.maine.gov/sos/bmv/lic	tion must indicate your date of birth and the Copy of the Birth Certificate must have the der of a driver's license from any state or vful presence is required upon submission of								
A .d	D			able ID includes:	Madical December Company (Heavite)								
Adoption Bantisma			Concealed Weapons Permit Copy of Marital Application (Certified)	Driver Education Card Driver's License	Medical Records from Doctor/Hospital Military Discharge/Separation (DD214)*								
	tismal records Copy of Marital Application (Certified) h Certificate Court Order			Driver's Permit	Passport Passport								
	tificate of Marriage Divorce Papers			Military ID Card*	School Records/Transcript (Certified)								
Citizensh			Draft Card	Military Dependent ID Card*	Social Security Card								
Parent/Guardian (must appear in person and prove his/her identity) applies only to minors Unemployment Card													
	Federa Applic Applic All qu	ants under 1 ants under 1 ants may no estions on th	noncommercial Class C driver's license prior to d Entry Level Driver Training (ELDT) may be 8 years of age must meet Driver's Education at apply for road test and be issued a CDL untities application must be answered and accompage of the examination for a license may be waited.	e required. For more detail, access									

- Federal regulations prohibit interpreters for CDL testing. (American Sign Language translators are permitted)
- American Sign Language interpreters will be provided upon advance request, check box if one is required
- Maine Organ and Tissue Donation Fund donation \$\sum \\$2.00 \subseteq Other \\$______ (specify amount)
- I also understand that any driver's license or ID card I hold in another state may be canceled by that state according to its laws.
- *Veterans please visit the Bureau of Veterans' Services website at http://www.maine.gov/veterans for information on state and federal benefits your military service may have earned you.

Mail to:
Bureau of Motor Vehicles, CDL Section
State House Station # 29
Augusta, ME 04333

PLEASE INCLUDE ALL FEES & IDENTIFICATION WITH THIS APPLICATION