

COMMERCIAL DRIVER LICENSE APPLICATION

CDL CLASS A, B OR C LEARNER'S PERMITS, LICENSES OR WAIVERS

PRINT	FIRST NAME	INITIAL	LAST NAME		MAILING ADDRESS		
EMAIL ADDRESS							
Date of Birth	Hair Color	Eye Color	Height	Weight	Gender	Telephone #	Social Security Number
Month Day Year			Feet & Inches	Pounds	M, F, X (Non-binary)		Required if eligible for SSN

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Place of Birth _____

	City or Town	State or 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 .		<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you held a valid driver's license from Maine, any other state or country in the past 10 years? Where?		<input type="checkbox"/>	<input type="checkbox"/>
	State(s):	Class: Expiration Date: Endorsements:		
4.	Have you ever held a Maine learner's permit or Maine State identification card?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, under what name? (Print)			
5.	Have you been convicted of violating any motor vehicle laws within the last ten years?		<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	Date: Where:		
6.	Is your privilege to operate a motor vehicle under suspension or revocation in this state or any other state or province?		<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have any of the following medical conditions? (If NO, check box) →		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Blackouts/Loss of Consciousness	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Sleep Apnea	<input type="checkbox"/> Dementia
<input type="checkbox"/>	Narcolepsy/Hypersomnia	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Limb Amputation	<input type="checkbox"/> Mental Health Condition
<input type="checkbox"/>	Musculoskeletal/Neurological	<input type="checkbox"/> Spinal Cord Injury	<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Seizure/Epilepsy
<input type="checkbox"/>	Substance Use Disorder	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Stroke/Brain Injury	<input type="checkbox"/> Chronic Lung Disease
<input type="checkbox"/>	Other conditions affecting your ability to safely operate a motor vehicle.			
8.	Are you currently disqualified to operate a commercial vehicle by Federal Motor Carrier Safety Regulation (FMCSR)?		<input type="checkbox"/>	<input type="checkbox"/>
9.	I certify I will take my skills/driving test in a vehicle representative of which I expect to operate.		<input type="checkbox"/>	<input type="checkbox"/>

I certify that I meet the following medical requirements contained in section 391 of the FMCSR.

Check only one box below.

<input type="checkbox"/>	Non-excepted Interstate: I operate or expect to operate in interstate commerce. I am subject to and meet the medical qualification requirements in FMCSR Part 391 and required to obtain a medical examiner's certificate. <u>A valid medical certificate must accompany this form.</u>
<input type="checkbox"/>	Excepted Interstate: I operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted from FMCSR Part 391 and therefore <u>not</u> required to obtain a medical examiner's certificate. <i>Examples include: fire trucks & rescue vehicles, transportation by Federal or State government, transportation of human corpses or sick and injured persons. For a complete list of operations excepted see 49 CFR 390.3(f), 391.2, 391.68 or 398.3.</i>
<input type="checkbox"/>	Non-excepted Intrastate: I operate only in intrastate commerce and am subject to and meet the medical qualification requirements in FMCSR Part 391 and required to obtain a medical examiner's certificate. <u>A valid medical certificate must accompany this form.</u> There are no exemptions for motor carriers, vehicles, or drivers 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. <i>Example: Oil Truck Drivers. This category will result in a "K" restriction (intrastate operation only) being placed on CDL credential.</i>
<input type="checkbox"/>	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. <i>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>

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:

Signature of Parent or Guardian

Required if under 18

RELATIONSHIP:

CHECK BOXES THAT APPLY TO YOUR APPLICATION

☐ **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.

☐ **Class B:** for the operation of a single motor vehicle with a gross vehicle weight rating of 26,001 or more pounds or such a vehicle towing a vehicle with a gross vehicle weight rating or gross weight not in excess of 10,000 pounds. A holder of a Class B license may, with an appropriate endorsement, operate a vehicle in Class C.

☐ **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 endorsement checked below

- ☐ **H Hazardous materials:** Must be 21 years of age. Must meet physical qualifications in FMCSR Part 391 and hold valid medical card. Transportation Security Administration fingerprinting and background check required. For more information access <https://universaleenroll.dhs.gov>. Effective 2-7-22 an Entry Level Driver Training course must be completed.
- ☐ **N 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 chassis.
- ☐ **T Double/Triple Trailers:** required for operators who haul Double/Triple Trailers. (Applicable to Class A CDL only and where allowed by law)
- ☐ **P Passenger:** required on any class license when the vehicle being operated is designed to seat more than 15 passengers including the operator. Class B license is required if the vehicle exceeds 26,000 pounds GVWR. Must be 21 years of age. Skill and road test required. Effective 2-7-22 an Entry Level Driver Training course must be completed.
- ☐ **S School Bus:** designed to carry over 15 passengers including the driver. If GVWR is 26,001 pounds or more, Class B CDL 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 MONEY ORDER PAYABLE TO: Secretary of State

Two forms of identification required when application is submitted and at time of testing. One form of identification must indicate your date of birth and the other must bear your written signature. Birth Certificate is required for applicants under the age of twenty-three. Copy of the Birth Certificate must have the EMBOSSSED SEAL or STAMP of the issuing agency. Notarized copies are NOT acceptable. If you are the holder of a driver's license from any state or province, photocopies of the front and back of the license MUST ALSO be produced. Proof of residency and lawful presence is required upon submission of application. For a list of acceptable documents to establish such proof, refer to <http://www.maine.gov/sos/bmv/licenses/getlicense.html>

Acceptable ID includes:

Adoption Papers	Concealed Weapons Permit	Driver Education Card	Medical Records from Doctor/Hospital
Baptismal records	Copy of Marital Application (Certified)	Driver's License	Military Discharge/Separation (DD214)*
Birth Certificate	Court Order	Driver's Permit	Passport
Certificate of Marriage	Divorce Papers	Military ID Card*	School Records/Transcript (Certified)
Citizenship Papers	Draft Card	Military Dependent ID Card*	Social Security Card
Parent/Guardian (must appear in person and prove his/her identity) <i>applies only to minors</i>			Unemployment Card

- Must hold Maine noncommercial Class C driver's license prior to applying for CDL.
- Federally mandated Entry Level Driver Training (ELDT) may be required. For more detail, access <https://tpr.fmcsa.dot.gov>.
- Applicants under 18 years of age must meet Driver's Education requirements.
- Applicants may not apply for road test and be issued a CDL until attaining their sixteenth birthday.
- All questions on this application must be answered and accompanied by the required materials or the application will be returned.
- The road test phase of the examination for a license may be waived for the holders of a VALID out-of-state license.
- 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 ☐ \$2.00 ☐ 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****

Manual available online: www.maine.gov/sos/bmv