



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES
COMMERCIAL DRIVER SKILLS TEST OFFICE
400 Romano Vineyard Way
North Kingstown, RI 02852
Phone: 401-667-2882 Fax: 401-462-5805
www.dmv.ri.gov Email: dmv.cdl@dmv.ri.gov

Registration Form for CDL Road Test

Legal Name (Last, First, Middle)

Date of Birth

License Number

Permit Number

() _____
Home Phone #

() _____
Cell Phone #

Email Address

School Affiliation: ☐ Independent ☐ School (provide name) _____

Class License: ☐ Class A
☐ Class B
☐ Class C
☐ School Bus

Select Test Type:
☐ Full Test (Pre-Trip, Maneuvers, Road Test)
☐ Maneuvers and Road Test (Pre-Trip banked)
☐ Road Test (Pre-Trip and Maneuvers banked)

Transmission Type: ☐ Manual ☐ Automatic
Brake Type: ☐ Air ☐ Hydraulic

Vehicle Type:
☐ Straight Truck ☐ Coach / Transit Bus
☐ School Bus ☐ Combo-Truck & Trailer
☐ Combo-Tractor & Semi-Trailer

***Note:** The cost of the CDL Road Test and CDL retest is \$103.50. A 48 hour notice is required to cancel and reschedule the Road Test. **Fees are non-refundable.**

This completed registration form can be submitted by:

- fax to (401) 462-5805 and the CDL office will contact you
- email to DMV.CDL@DMV.RI.GOV with credit card information
- put in the drop box with check or credit card information
 - o *Note: Drop box is only available during DMV Business Hours*
 - o *Please label envelope **ATTN: CDL Road Testing***

If paying by credit card, please provide the following:

NOTE: A service fee will be added

Credit Card Number: _____

Name on Card: _____

3 or 4 digit code on back of card: _____ Expiration Date: _____

Circle One: Visa / Master Card / Discover / American Express

Card Holder Signature _____