



STATE OF RHODE ISLAND

DIVISION OF MOTOR VEHICLES

Commercial Driver's License Office

600 New London Avenue

Cranston, RI 02920-3024

Phone: 401-462-2122 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

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 \$102.50. 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 _____