



STATE OF RHODE ISLAND

DIVISION OF MOTOR VEHICLES

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# CDL Test Authorization

## Commercial Driver's License Exams

<b>Applicant Name:</b>		<b>Test Date:</b> (not valid after this date)
<b>License Number:</b>	<b>DOB:</b>	<b>CDL Classification Applied for:</b>

Authorized Exams	Class		
	A	B	C
<input type="checkbox"/> <b>General Knowledge</b>	Required	Required	Required
<input type="checkbox"/> <b>Air Brakes</b>			
<input type="checkbox"/> <b>Combination</b>			
<input type="checkbox"/> <b>Doubles/Triples</b>			
<input type="checkbox"/> <b>Tankers</b>			
<input type="checkbox"/> <b>Hazardous Materials</b>			
<input type="checkbox"/> <b>Passenger</b>			
<input type="checkbox"/> <b>School Bus</b>			

**IMPORTANT NOTES:**

\* All CDL holders must self-certify

\* Interstate non-excepted and intrastate non-exempted CDL holders will be required to present a CURRENT medical examiner's certificate or medical card (49 CFR 391.45) to the RI DMV.

**Acknowledgement of Knowledge of Prohibited Items**

**PLEASE  
TURN OFF and PUT AWAY  
All Electronic Devices**

Handling and or using cell phones, cameras, mp3 players and other electronic devices as well as manuals and literature while in the exam room is strictly prohibited. Use of any such device or material in any manner will result in the immediate failure and termination of the exam. Applicants determined to be in violation of this rule will be prohibited from re-testing for a period of thirty (30) days.

**NOTICE**

**NO PHONES, CAMERAS  
OR OTHER ELECTRONIC DEVICES**

X \_\_\_\_\_  
(Applicant's Initials)

**\*\* This Section For DMV Use Only \*\***

Official Validation Stamp

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**Total Fee:**

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**T.I.N.:**