



## APPLICATION FOR MILITARY SKILLS TEST WAIVER

The Commercial Driver's License (CDL) skills test waiver form must be used by service members who are currently licensed and who are/were employed within the past year (12 months) in a military position requiring the operation of a military motor vehicle equivalent to a Commercial Motor Vehicle (CMV). This waiver allows a qualified service member to apply for a CDL without skills testing. CDL knowledge (written) test(s) cannot be waived. **The transfer of School Bus (S) and/or Passenger (P) endorsements under this Waiver Program are prohibited.**

### APPLICANT INFORMATION

FULL NAME (Last, First, Middle):		LICENSE STATE/DRIVER'S LICENSE #:		APPLICATION DATE:	
RESIDENCE ADDRESS (Street, Apt. #, Floor #)	TOWN/CITY:	STATE:	ZIP CODE:	COUNTY:	
MAILING ADDRESS (If Different from Residence Address)	TOWN/CITY:	STATE:	ZIP CODE:	COUNTY:	

### DRIVER RECORD CERTIFICATION

<b>During the 2-year period immediately preceding this date:</b>	
● Have you had more than one license (except for a military license)? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Has your license been suspended, revoked, cancelled or disqualified in this or any state? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Have you been convicted of any violations described below in any type of motor vehicle?</b>	
● Being under the influence of alcohol as prescribed by state law .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Being under the influence of a controlled substance .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Having an alcohol concentration of 0.04 or greater while operating a CMV .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Refusing to take an alcohol test as required by a State jurisdiction under its implied consent laws or regulations as defined in 49 CFR 383.72 .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Leaving the scene of an accident .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Using the vehicle to commit a felony (other than manufacturing, distributing or dispensing a controlled substance) .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Causing a fatality through a negligent operation of a CMV (including motor vehicle manslaughter, homicide by motor vehicle, or negligent homicide) .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Using the vehicle in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Have you had more than one conviction for any of the violations described below in any type of motor vehicle?</b>	
● Speeding in excess of 15 mph or more above the posted speed limit .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Driving recklessly, as defined by State or local law or regulation (including offenses of driving a motor vehicle in willful or wanton disregard for the safety of persons or property) .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Making improper or erratic lane changes .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Following the vehicle ahead too closely .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Violating State or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with a fatal accident .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Driving a CMV without obtaining a CDL .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Driving a CMV without a CDL in the driver's possession .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Driving a CMV without the proper class of CDL and/or endorsement for a specific vehicle group being operated or for the passengers or type of cargo being transported .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Violating a State or local law or ordinance on motor vehicle traffic control prohibiting texting while driving .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
● Violating a State or local law or ordinance on motor vehicle traffic control restricting or prohibiting the use of a hand held mobile telephone while driving .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Have you had any conviction for a violation of military, state or local law relating to motor vehicle traffic control (other than parking violations) arising in connection with any traffic accident and have no record of an accident in which you were at fault?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

rev. 09/2023



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**CERTIFICATION OF DRIVING EXPERIENCE**

Have you been a regularly employed or were you regularly employed within the last twelve (12) months in a military position requiring the operation of a military motor vehicle that was representative of a commercial motor vehicle (CMV)? .....  YES  NO

Were you exempted from the CDL licensing requirements for driving a military vehicle on state roads and highways in accordance with 49 CFR §383.3 (c)? .....  YES  NO

Have you operated a military motor vehicle representative of the commercial motor vehicle (CMV) that you operate or expect to operate, for at least the two (2) years immediately preceding discharge from the military? .....  YES  NO

*I certify under penalty of perjury that the information on this form is true and correct to the best of my knowledge, information and belief.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

**COMMANDING OFFICER'S CERTIFICATION OF COMMERCIAL DRIVING EXPERIENCE**



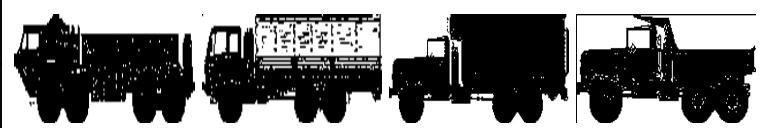
COMMANDING OFFICER'S FULL NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

SERVICE MEMBER'S DATE OF QUALIFICATION: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SERVICE MEMBER'S NAME: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
US Gov't Motor Vehicle Operator Identification Card/License

**Check the highest class of vehicles the service member has been driving:**

Class	Vehicle Description	EXAMPLES OF VEHICLES IN GROUP
<input type="checkbox"/> A	<p><b>* 5<sup>th</sup> WHEEL – Truck Tractor/Semitrailer</b></p> <p>Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is <b>in excess</b> of 10,000 pounds.</p>	
<input type="checkbox"/> A	<p><b>* PINTLE HOOK – Truck Trailer Combination</b></p> <p>Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is <b>in excess</b> of 10,000 pounds.</p>	
<input type="checkbox"/> B	<p>Any single vehicle with a GVWR of more pounds or any such vehicle towing a vehicle <b>not in excess</b> of 10,000 pounds GVWR</p>	

The vehicle the service member operates **is** equipped with a **full air brake system**: .....  YES  NO

The vehicle the service member operates **is** equipped with an **air-over-hydraulic** braking system: .....  YES  NO

The transmission in the vehicle the service member operates is:  AUTOMATIC  MANUAL

*I certify that the person named on the front of this document is/was assigned in a job/assignment requiring the operation of a commercial motor vehicle, the service member's driving experience has been verified; and the information provided herein is true and correct to my knowledge, information and belief. I also certify that I am an officer of the Armed Forces with the authority to administer oaths; and who has the general powers of a notary.*

PRINT COMMANDING OFFICER'S NAME/RANK: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_