



Application for Chauffeur License, CDL(P) and CDL (S) Endorsements

Transaction Type (Please Select One)

<input type="checkbox"/> CHAUFFEUR ENDORSEMENT Out of state license holders must possess a valid chauffeurs license in his/hers home state in order to apply (RIGL 31-10-2).	CDL Endorsements <input type="checkbox"/> CDL: PASSENGER <input type="checkbox"/> CDL: SCHOOL BUS
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A. Applicant's Information (All Fields Are Mandatory)

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX:
ANY FORMER NAME: <i>PLEASE PRINT</i> <small>(IF WITHIN THE PAST 10 YEARS)</small>		OPERATOR'S LICENSE NUMBER:	
RESIDENCE ADDRESS:	CITY/TOWN:	STATE:	ZIP:
PREVIOUS RESIDENCE ADDRESS:	CITY/TOWN:	STATE:	ZIP:
MAILING ADDRESS: <small>(IF DIFFERENT FROM RESIDENCE)</small>	CITY/TOWN:	STATE:	ZIP:
EMAIL ADDRESS:	TELEPHONE: <small>CIRCLE PHONE TYPE: Landline Cell</small> ()		
DATE OF BIRTH: (MM/DD/YY)	PLACE OF BIRTH: (CITY/TOWN, STATE, PROVINCE OR COUNTRY)	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> X	
WEIGHT: _____ LBS	HEIGHT: _____ FT _____ IN	EYE COLOR: (Check one) <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> GRAY <input type="checkbox"/> DICHROMATIC <input type="checkbox"/> BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK	HAIR COLOR: (Check one) <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> WHITE <input type="checkbox"/> BALD <input type="checkbox"/> BLONDE <input type="checkbox"/> RED <input type="checkbox"/> GRAY

B. Chauffeur Endorsement/CDL(P)/CDL(S) Questions

1. Do you want to register (or continue to be registered) as an Organ and Tissue Donor?
 (If you are currently registered as an organ and tissue donor, you will remain registered only if you choose YES every time.)
 Visit donatelifenewengland.org for more information. YES NO

2. We will use your information to update your voter registration or register you to vote. Party: _____
 Do not use my information for voter registration. (Your decision not to register to vote is confidential. If you register, the place where you register is confidential.) If you are under age 16, you will not be registered to vote. If you are at least age 16, you will be pre-registered to vote. (You must be at least age 18 to vote.)

C. Chauffeur Endorsement and CDL(P)/CDL(S) Requirements

Requirement	Chauffeur Endorsement	CDL(P) and/or CDL (S)
Minimum age	21 years	21 years
Minimum Driving Experience	1 year	3 years
BCI	Original RI BCI	Original RI BCI
References	3 references (list on back of this form)	3 references (list on back of this form)
VISION	Must have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses	Must have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses.

* RI BCI may be obtained through the RI Department of the Attorney General. Please visit www.riag.ri.gov for details.
 *Applicants who are not RI residents or have held a license in another state in the last 5 years must present certified driving record and criminal background check from ANY AND ALL other states.

D. Three References

REFERENCE 1

I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober and of good character and habits.

SIGNATURE:	TELEPHONE:	OCCUPATION:
RESIDENCE ADDRESS:	CITY/TOWN:	STATE: ZIP:

REFERENCE 2

I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober and of good character and habits.

SIGNATURE:	TELEPHONE:	OCCUPATION:
RESIDENCE ADDRESS:	CITY/TOWN:	STATE: ZIP:

REFERENCE 3

I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober and of good character and habits.

SIGNATURE:	TELEPHONE:	OCCUPATION:
RESIDENCE ADDRESS:	CITY/TOWN:	STATE: ZIP:

D. Signature: Authorization For Release Of Information

EXCEPT AS AUTHORIZED BY LAW, THE DMV WILL NOT DISCLOSE PERSONAL INFORMATION WITHOUT YOUR CONSENT.

DO YOU CONSENT TO SUCH DISCLOSURE? YES NO

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR EITHER A LICENSE, STATE IDENTIFICATION CARD OR PERMIT AND DECLARE UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

THE UNDERSIGNED (HEREINAFTER REFERRED TO AS "APPLICANT") SWEARS THAT, IN COMPLIANCE WITH TITLE 31, CHAPTER 47 OF THE GENERAL LAWS, MOTOR AND OTHER VEHICLES, KNOWN AS THE MOTOR VEHICLE REPAIRATIONS ACT, HE/SHE WILL NOT OPERATE OR BE ALLOWED TO OPERATE THE MOTOR VEHICLE DESCRIBED IN THE REGISTRATION NOR OTHER MOTOR VEHICLE UNLESS ALL SUCH MOTOR VEHICLES ARE COVERED FOR FINANCIAL SECURITY. PENALTIES FOR FAILURE TO COMPLY WITH PROVISIONS OF THE ACT MAY RESULT IN FINES AND/OR SUSPENSION OF LICENSE AND REGISTRATION.

Applicant Signature: _____

Subscribed and signed before me this _____ day of _____, 20_____.

Notary Public Signature: _____ Commission Exp. _____

FOR DMV USE ONLY

DATE ISSUED: _____

GRANTED FOR: _____

PENDING: _____

SIGNATURE: _____

1. Application completed in full
2. Signature and notary
3. Police approval

4. DMV Background Approval
5. Clerk of Hearing Officer initials
6. Signature of Issuing Clerk

Date: _____