

APPLICATION TYPE (Circle one) ORIG. REN. DUP. CORR. VAL. END TIP					LICENSE TYPE O C GDL 2 GDL 3 EPID			GROUP DESIGNATION A B C			ENDORSEMENTS CY F H N P R S T SEASONAL				
CORRECTIVE LENS? <input type="checkbox"/> YES <input type="checkbox"/> NO		CDL RESTRICTIONS Refer to Skills Test Certificate or Record of Certificate in CSTIMS			SAVE CASE NUMBER					SOCIAL SECURITY DOCUMENT PRESENTED					

U.S. CITIZENSHIP DOCUMENT PRESENTED

U.S. BIRTH CERTIFICATE (original or certified copy)	STATE	COUNTY	FILE #
U.S. PASSPORT OR PASSPORT CARD (valid, unexpired)	EXP. DATE	FILE #	
CONSULAR REPORT OF BIRTH ABROAD (FS-240, DS-1350, FS-545)	ISSUE DATE	FILE #	
CERTIFICATE OF CITIZENSHIP (N-560, N-561)	ISSUE DATE	ALIEN #	CERTIFICATE #
CERTIFICATE OF NATURALIZATION (N-550, N-570, N-578)	ISSUE DATE	ALIEN #	CERTIFICATE #

NAME HISTORY DOCUMENT

LEGAL DOCUMENTS (marriage, divorce, adoption, legal name change)	STATE	TYPE	FILE #
LEGAL DOCUMENTS (marriage, divorce, adoption, legal name change)	STATE	TYPE	FILE #

IDENTITY DOCUMENT PRESENTED

U.S. DRIVER'S LICENSE or PID (valid or expired less than 1 year)	STATE	DL/PID #	EXP. DATE
U.S. MILITARY ID CARD (DD-2, DD-1173, CAC card) (valid or expired less than 1 year)	ISSUE DATE	EXP. DATE	FILE #
GOVERNMENT EMPLOYEE ID CARD (issued by a federal, state or municipal government agency)	ISSUE DATE	EXP. DATE	FILE #
NATIVE AMERICAN PHOTO TRIBAL ID CARD (must be from a federally recognized tribe)	NAME OF TRIBE	FILE #	

RESIDENCY DOCUMENTS PRESENTED (at least two documents required)

RESIDENCY DOCUMENTS	TYPE	TYPE
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APPLICANT INTERVIEW

<input type="checkbox"/> CONFIRMED	<input type="checkbox"/> CONFIRMED	
<input type="checkbox"/> CONFIRMED	<input type="checkbox"/> CONFIRMED	
EMPLOYEE SIGNATURE X	MANAGER OR DESIGNEE SIGNATURE X	BRANCH NUMBER

ADDITIONAL INFORMATION

Refer App? (Circle one) **C** **E** **R** **O** **F**
CDL ENFORCE RESEARCH OTHER FOREIGN ADDRESS Request for exception? YES NO

DOCUMENTS IN POSSESSION OF? Applicant Mailed in-house Branch

TRANSACTION #S, INCLUDING VOIDS

COMMENTS – BE SPECIFIC (If referring this application, an explanation is REQUIRED. Use additional pages if needed. Print name, sign and date at the bottom).

WRITTEN/ORAL TEST RESULTS	CDL TEST RESULTS	
<p>Enter date and pass or fail test score</p> <p>Operator</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Road sign test</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Moped</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Motorcycle</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Recreational double</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Chauffeur</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Manager or designee signature _____</p> <p>Date: _____</p>	<p>General knowledge</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Combination vehicle</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Double trailers ___/___/___</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Tanker</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Hazardous materials (No oral test or foreign language test allowed)</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p>	<p>Air brakes</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Passenger</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>School bus</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>___/___/___ P ___ F ___</p> <p>Hazmat test results</p> <p>_____</p> <p>Kiosk tester unique ID number:</p> <p>_____</p>
<p>If necessary, attach an additional DE-36 to record more test scores OR application referral information.</p>		