

**SUPPLEMENT APPLICATION  
TEXAS COMMERCIAL DRIVER LICENSE  
CERTIFICATIONS AND RECORD OF CDL EXAMINATION**

CDL-1 (Rev. 8/09)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK. The signature shall be WRITTEN in BLACK INK.

|                       |  |             |     |                 |              |           |            |                        |        |        |
|-----------------------|--|-------------|-----|-----------------|--------------|-----------|------------|------------------------|--------|--------|
| LAST NAME             |  | /FIRST NAME |     |                 | /MIDDLE NAME |           |            | /MAIDEN NAME           |        |        |
|                       |  |             |     |                 |              |           |            |                        |        |        |
| DRIVER LICENSE NUMBER |  | BIRTH DATE  |     |                 | DESCRIPTION  |           |            |                        |        |        |
|                       |  | MO.         | DAY | YEAR            | AGE NOW      | EYE COLOR | HAIR COLOR | SEX                    | HEIGHT | WEIGHT |
|                       |  |             |     |                 |              |           |            |                        |        |        |
| RESIDENCE ADDRESS     |  |             |     | MAILING ADDRESS |              |           |            | SOCIAL SECURITY NUMBER |        |        |
|                       |  |             |     |                 |              |           |            |                        |        |        |
| COUNTY                |  |             |     |                 |              |           |            |                        |        |        |
| City State Zip        |  |             |     | City State Zip  |              |           |            |                        |        |        |

**INSTRUCTIONS:** Indicate the type license applicable for the vehicle(s) you will operate.

- |                                     |  |  |
|-------------------------------------|--|--|
| <b>CLASS</b>                        | <b>ENDORSEMENTS</b>                            | <b>AIRBRAKES</b>                                   |
| <input type="radio"/> Class A - CDL | <input type="checkbox"/> Double/Triple Trailer | <input type="checkbox"/> Vehicle with Airbrakes    |
| <input type="radio"/> Class B - CDL | <input type="checkbox"/> Passenger             | <input type="checkbox"/> Vehicle without Airbrakes |
| <input type="radio"/> Class C - CDL | <input type="checkbox"/> Tank Vehicle          |  |
|                                     | <input type="checkbox"/> Hazardous Materials   |  |

Answer the following questions.

- YES NO
- Will you be operating a commercial motor vehicle in **INTERSTATE** or **FOREIGN** commerce?  
If Yes, complete CDL-4, Qualifications of Interstate Driver Certification.  
If No, complete CDL-5, Qualifications of Intrastate Driver Certification.  
**OR** Complete CDL-10, Certificate of Physical Exemption.
  - Is your license or driving privilege now suspended, revoked, cancelled, denied, or disqualified?  
Where? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_
  - Has your license or driving privilege ever been suspended, revoked, cancelled, denied, or disqualified?  
Where? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_
  - Are you at this time placed out of service? Why? \_\_\_\_\_
  - Do you possess a driver license or instruction permit for **ANY** state(s) or jurisdiction(s)?  
What state(s)? \_\_\_\_\_
  - Will you be taking the skills test in a vehicle that is representative of the type motor vehicle you operate or expect to operate?  
If skills test is to be waived, complete CDL-3, Substitute for CDL Driving Skills Test.
  - Are you a citizen of the United States?

I DO SOLEMNLY SWEAR, AFFIRM, OR CERTIFY THAT I AM THE PERSON NAMED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION SUPPLEMENT ARE TRUE AND CORRECT. I FURTHER CERTIFY MY RESIDENCE ADDRESS IS A: ( ) SINGLE FAMILY DWELLING, ( ) APARTMENT, ( ) MOTEL, ( ) TEMPORARY SHELTER (check one), AND THAT IF I AM LICENSED I CURRENTLY POSSESS NO MORE THAN ONE DRIVER LICENSE.

\_\_\_\_\_  
Write Usual Signature

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Authorized Officer

FOR DEPARTMENT USE ONLY

| RECORD OF CDL EXAMINATION   |             |                  |  | EXAM  | RESULTS    | EXAMINER | APPLICANT | PLACE | DATE |     |      |
|---|-------------|------------------|--|---|------------|----------|-----------|-------|------|-----|------|
| Vehicle Make _____ Yr. _____  | MANEUVERS   |                  |  |   |            |          |           |       |      | BAD | FAIR |
| Vehicle Reg. _____  | MERGE       |                  |  |   |            |          |           |       |      |     |      |
| Trailer Reg. _____  | Control     |                  |  | 3   | 2          | 0        |           |       |      |     |      |
| Pass <input type="checkbox"/> Fail <input type="checkbox"/> Bus <input type="checkbox"/>                | Observation |                  |  | 4   | 2          | 0        |           |       |      |     |      |
| <b>A &amp; B PRETRIP INSPECTION</b>   |             |                  |  | Position  |            |          | 3         | 2     | 0    |     |      |
| AIRBRAKES <span style="float:right;">FAIL <input type="checkbox"/> PASS <input type="checkbox"/></span> |             |                  |  | Signal  |            |          | 3         | 2     | 0    |     |      |
| Leak in System <input type="checkbox"/>   |             |                  |  | USE OF LANES  |            |          | 3         | 2     | 0    |     |      |
| Warning Signals <input type="checkbox"/>  |             |                  |  | Control   |            |          | 4         | 2     | 0    |     |      |
| Emergency Brakes <input type="checkbox"/>   |             |                  |  | Observation   |            |          | 4         | 2     | 0    |     |      |
| <b>MANEUVERS</b>  |             |                  |  | Position  |            |          | 3         | 2     | 0    |     |      |
| <b>BAD FAIR GOOD</b>  |             |                  |  | Signal  |            |          | 3         | 2     | 0    |     |      |
| START   |             |                  |  | RIGHT OF WAY  |            |          | 2         | 1     | 0    |     |      |
| Control 3 1 0   |             |                  |  | Control   |            |          | 4         | 2     | 0    |     |      |
| Observation 3 1 0   |             |                  |  | Observation   |            |          | 4         | 2     | 0    |     |      |
| Signal 2 1 0  |             |                  |  | POSTURE   |            |          | 2         | 1     | 0    |     |      |
| QUICK STOP  |             |                  |  | CONTROL   |            |          | 2         | 1     | 0    |     |      |
| Control 2 1 0   |             |                  |  | 1st Control   |            |          | 2         | 1     | 0    |     |      |
| Observation 3 1 0   |             |                  |  | 1st Observation   |            |          | 4         | 2     | 0    |     |      |
| BACKING   |             |                  |  | 2nd Control   |            |          | 2         | 1     | 0    |     |      |
| Control 2 1 0   |             |                  |  | 2nd Observation   |            |          | 4         | 2     | 0    |     |      |
| Observation 3 1 0   |             |                  |  | 2nd Control   |            |          | 2         | 1     | 0    |     |      |
| Position 2 1 0  |             |                  |  | 2nd Observation   |            |          | 4         | 2     | 0    |     |      |
| PARALLEL PARK   |             |                  |  | TRAFFIC SIGNALS   |            |          | 2         | 1     | 0    |     |      |
| Control 2 1 0   |             |                  |  | 1st Control   |            |          | 2         | 1     | 0    |     |      |
| Observation 3 1 0   |             |                  |  | 1st Observation   |            |          | 3         | 2     | 0    |     |      |
| Position 2 1 0  |             |                  |  | 1st Position  |            |          | 2         | 1     | 0    |     |      |
| Signal 2 1 0  |             |                  |  | 1st Signal  |            |          | 2         | 1     | 0    |     |      |
| UPSHIFTING  |             |                  |  | 2nd Control   |            |          | 2         | 1     | 0    |     |      |
| Control 2 1 0   |             |                  |  | 2nd Observation   |            |          | 3         | 2     | 0    |     |      |
| Position 2 1 0  |             |                  |  | 2nd Position  |            |          | 2         | 1     | 0    |     |      |
| DOWNSHIFTING  |             |                  |  | 2nd Signal  |            |          | 2         | 1     | 0    |     |      |
| Control 2 1 0   |             |                  |  | LEFT TURNS  |            |          | 2         | 1     | 0    |     |      |
| Position 2 1 0  |             |                  |  | 1st Control   |            |          | 2         | 1     | 0    |     |      |
| LANE CHANGE   |             |                  |  | 1st Observation   |            |          | 3         | 2     | 0    |     |      |
| Control 3 2 0   |             |                  |  | 1st Position  |            |          | 2         | 1     | 0    |     |      |
| Observation 4 2 0   |             |                  |  | 1st Signal  |            |          | 2         | 1     | 0    |     |      |
| Position 3 2 0  |             |                  |  | 2nd Control   |            |          | 2         | 1     | 0    |     |      |
| Signal 3 2 0  |             |                  |  | 2nd Observation   |            |          | 3         | 2     | 0    |     |      |
| <b>KNOWLEDGE TESTS</b>  |             |                  |  | 2nd Position  |            |          | 2         | 1     | 0    |     |      |
| Sheet No. _____   |             | Deductions _____ |  |   | 2nd Signal |          |           | 2     | 1    | 0   |      |
| GENERAL   |             |                  |  | 3rd Control   |            |          | 2         | 1     | 0    |     |      |
|   |             |                  |  | 3rd Observation   |            |          | 3         | 2     | 0    |     |      |
| DBL/TRPL TRAILER  |             |                  |  | 3rd Position  |            |          | 2         | 1     | 0    |     |      |
|   |             |                  |  | 3rd Signal  |            |          | 2         | 1     | 0    |     |      |
| PASS- ENGER   |             |                  |  | RIGHT TURNS   |            |          | 2         | 1     | 0    |     |      |
|   |             |                  |  | 1st Control   |            |          | 2         | 1     | 0    |     |      |
| TANKER  |             |                  |  | 1st Observation   |            |          | 3         | 2     | 0    |     |      |
|   |             |                  |  | 1st Position  |            |          | 2         | 1     | 0    |     |      |
| HAZ MAT   |             |                  |  | 1st Signal  |            |          | 2         | 1     | 0    |     |      |
|   |             |                  |  | 2nd Control   |            |          | 2         | 1     | 0    |     |      |
| AIR BRAKES  |             |                  |  | 2nd Observation   |            |          | 3         | 2     | 0    |     |      |
|   |             |                  |  | 2nd Position  |            |          | 2         | 1     | 0    |     |      |
| COM- BINATION   |             |                  |  | 2nd Signal  |            |          | 2         | 1     | 0    |     |      |
|   |             |                  |  | 3rd Control   |            |          | 2         | 1     | 0    |     |      |
| PRE- TRIP   |             |                  |  | 3rd Observation   |            |          | 3         | 2     | 0    |     |      |
|   |             |                  |  | 3rd Position  |            |          | 2         | 1     | 0    |     |      |
|   |             |                  |  | 3rd Signal  |            |          | 2         | 1     | 0    |     |      |
|   |             |                  |  | Hearing Deaf <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> |            |          |           |       |      |     |      |
|   |             |                  |  | <b>VISION</b>   |            |          |           |       |      |     |      |
|   |             |                  |  | Color Red <input type="checkbox"/> Green <input type="checkbox"/> Normal <input type="checkbox"/> |            |          |           |       |      |     |      |
|   |             |                  |  | ACUITY Right Left Both  |            |          |           |       |      |     |      |
|   |             |                  |  | Corrected 20/ 20/ 20/   |            |          |           |       |      |     |      |
|   |             |                  |  | Uncorrected 20/ 20/   |            |          |           |       |      |     |      |
|   |             |                  |  | <b>SKILLS TEST</b>  |            |          |           |       |      |     |      |
|   |             |                  |  | BACKING PARALLEL PARKING ON STREET  |            |          |           |       |      |     |      |
|   |             |                  |  | 1st   |            |          |           |       |      |     |      |
|   |             |                  |  | 2nd   |            |          |           |       |      |     |      |
|   |             |                  |  | 3rd   |            |          |           |       |      |     |      |
| INSIDE TESTS BY _____   |             |                  |  |   |            |          |           |       |      |     |      |
| REMARKS _____   |             |                  |  |   |            |          |           |       |      |     |      |