CDL-5 (Rev. 1/12)

State of North Carolina
North Carolina Department of Transportation
Division of Motor Vehicles

District _____

Station _____

RACF _____

APPLICATION / CERTIFICATION FOR COMMERCIAL DRIVER LICENSE

Original ☐ Renewal ☐ Duplicate ☐

Name (Last) (First) (Middle) (Suffix)			
North Carolina License Number:	Social Security Number:		Date of Birth:
Race: White ☐ Black ☐ American Indian ☐ Other ☐	Sex: Male ☐ Female ☐	Height: Ft. In.	U.S. Citizen Yes ☐ No ☐
Hair Color: Blonde ☐ Black ☐ Red ☐ Gray ☐ White ☐ Bald ☐ Brown ☐ Sdy ☐	Eye Color: Blue ☐ Gray ☐ Hazel ☐ Pink ☐ Black ☐ Green ☐ Dichromatic ☐ Other ☐ Brown ☐		

Residence Address:				Mailing Address:			
City:	State:	Zip:	County:	City:	State:	Zip:	County:

Class CDL Applying For	Endorsements	Organ Donor
A ☐ B ☐ C ☐	H ☐ T ☐ S ☐ P ☐ N ☐ X ☐ M ☐	Yes ☐ No☐

Are you transferring to North Carolina? Y ☐ N ☐
If yes, list all states and license numbers where you have been licensed in the last 10 years.

Previous State and Number	Previous State and Number	Previous State and Number	Previous State and Number
Previous State and Number	Previous State and Number	Previous State and Number	Previous State and Number

<u>INITIAL BELOW</u>: All applicants must certify to Items 1, 2, 3 or 4, whichever is applicable.

You must certify that you operate or expect to operate in one of the following applicable certifications.

1. _____NON-EXCEPTED INTERSTATE: operates or expects to operate in interstate commerce, is both subject to and meets the qualification requirements under 49 CFR part 391, and is required to obtain a medical examiner's certificate by 391.45.
2. _____EXCEPTED INTERSTATE: operates or expects to operate in interstate commerce, but engages exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391, and is, therefore, not required to obtain a medical examiner's certificate.
3. _____NON-EXCEPTED INTRASTATE: operates only in intrastate commerce and, therefore, is subject to State driver requirements.
4. _____EXCEPTED INTRASTATE: operates in intrastate commerce but, engages exclusively in transportation or operations excepted from all or parts of the State driver qualification requirements.

<u>All applicants must initial Items 5 and 6. Only initial line 7 when a skills test is required.</u>

5. _____I certify that I am not subject to disqualification under Title 49, Code of Federal Regulations, Part 383.51, of any license suspension, revocation, or cancellation under State Law.
6. _____I certify that I do not have a driver's license from more than one state or jurisdiction.
7. _____I certify that the vehicle in which I will take the commercial motor vehicle skills test is representative of the type and size motor vehicle I operate or expect to operate.

I certify that the information provided in this application is correct and true to the best of my knowledge. My signature represents consent to release my driving record information. I understand that supplying false information may result in the suspension of my driving privilege. I also understand that the application fee required when submitting this application is non-refundable, and all test scores are valid for 90 days.

Signature: _____ **Date:** _____