

CDL Road Test Application

GENERAL INFORMATION		Eye Color:	Hair Color:	Weight:	
License Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M	CDL Endorsements Applying For: (For Class A, B, or C) <input type="checkbox"/> Air Brakes <input type="checkbox"/> Combo <input type="checkbox"/> Hazmat <input type="checkbox"/> Passenger <input type="checkbox"/> Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> School Bus		MA Assigned License/Permit Number		
Last Name	First Name	Middle Name	Date of Birth Month Day Year	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Height Feet Inches
Mailing Address (Where you want us to send your Driver's License/ID card and future notices from the RMV) U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox.			City/State	Zip Code	
Residential Address (Where you actually reside) <input type="checkbox"/> Same as above			City/State	Zip Code	

REQUIRED INFORMATION (Use additional paper if needed for these questions)	
<p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you want to be, or continue to be, registered as an organ & tissue donor? If yes, the RMV will provide this information to federally-designated organ procurement organizations serving the Commonwealth, and will print this designation on your CDL license.</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an active duty member of the U.S. armed forces?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently licensed to drive in any state, country, or jurisdiction (including the District of Columbia)? If yes, where? Class of License License #</p> <p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No Except for the above, are you currently licensed to drive, regardless of class of license, in <u>any other</u> state, country, or jurisdiction? If yes, where? Class of License License #</p> <p>5. <input type="checkbox"/> Yes <input type="checkbox"/> No In the past 10 years, have you held <u>any class</u> of driver's license in another state, country, or jurisdiction? If yes, where? Class of License License #</p> <p>6. <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had, or do you have, a license under any other name in this or another state or jurisdiction? If yes, where? Class of License License #</p> <p>7. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a cognitive, neurologic, physical, or any other impairment that may affect your functional ability to operate a motor vehicle safely? (The Commonwealth's medical standards for safe operation of a motor vehicle are found at http://www.massrmv.com/rmv/medical/policies.htm.)</p>	<p>8. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently taking any medication that may affect your ability to safely operate a motor vehicle? Note: If you answered "yes" to questions #7 or #8, the RMV Branch Representative must contact the Medical Affairs Branch (MAB).</p> <p>9. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you subject to any driver disqualification under 49 CFR Section 383.51 of the Federal Motor Carrier Safety Regulations?</p> <p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No Is your license or RIGHT to operate suspended, revoked, or canceled under any state's law? If yes, where? _____ Why? _____ Exp. Date: _____ (Note: If you answered, "yes," additional documentation may be required)</p> <p>11. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the motor vehicle that you will use for the driving skills test representative of the class of vehicle which you operate or intend to operate?</p> <p>12. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you meet all the driver qualification requirements of the Federal Motor Carrier Safety Regulations, 49 CFR Part 391? If you answered "Yes" to # 12, do not answer # 13.</p> <p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "No" to question #12, do you meet state qualification standards for a commercial driver? (If you answer "Yes" to # 13, you agree that you are <u>not</u> allowed to operate in interstate commerce and will be restricted to travel only in Massachusetts on your CDL.)</p>
Please Check One <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> REJECT	
Date Examined _____	

CDL Road Test Information (To be completed by examiner)				
PARTS OF TEST	PASS	FAIL	REASON FOR FAILURE OR REJECTION	COMMENTS
1. Pre-Trip	<input type="checkbox"/>	<input type="checkbox"/>		Restriction Code Add Delete
2. Air Brake	<input type="checkbox"/>	<input type="checkbox"/>		_____ <input type="checkbox"/> <input type="checkbox"/>
3. Forward & Back (Offset Alley)	<input type="checkbox"/>	<input type="checkbox"/>		_____ <input type="checkbox"/> <input type="checkbox"/>
4. Parallel Park (Conventional)	<input type="checkbox"/>	<input type="checkbox"/>		_____ <input type="checkbox"/> <input type="checkbox"/>
5. Parallel Park (Sight Side)	<input type="checkbox"/>	<input type="checkbox"/>		_____ <input type="checkbox"/> <input type="checkbox"/>
6. Alley Dock	<input type="checkbox"/>	<input type="checkbox"/>		_____ <input type="checkbox"/> <input type="checkbox"/>
7. Road Test	<input type="checkbox"/>	<input type="checkbox"/>		

Examiner Name	Examiner ID #	Location
Examiner Signature		
Batch Number		



APPLICANT REQUIREMENTS

Applicants must meet all of the following requirements for a Class A, B, or C road test in order to be tested:

- Have a current driver's license, if you are seeking additional endorsements.
- Have a valid CDL permit, with proper endorsements for the vehicle used.
- Have completed CDL self-certification and provided a valid U.S. Department of Transportation (DOT) medical card or medical waiver.*
- Have a completed road test application. (If you answered YES to question 4, 6, or 7 on the road test application, the application must be approved by an RMV branch manager or an authorized RMV employee before the road test.)
- Be on time for the skills test. If you are late, you will not be examined. If you must cancel or reschedule your appointment with less than 72 hours notice, you will be responsible for the skills test fee.

SPONSOR INFORMATION

Please be aware that as a sponsor you are subject to Chapter 90 Section 8B, which states in part :

“Such licensed operator shall be liable for the violation of any provision of this chapter, or of any regulation made in accordance herewith, committed by such persons with a learner's permit; provided, however, that an examiner in the employ of the registrar, when engaged in his official duty, shall not be liable for the acts of any person who is being examined by said examiner.”

Sponsors must also meet the following requirements:

1. At least 21 years old.
2. Has a valid U.S. Commercial Driver's License with proper endorsements for the class of vehicle that you are using.
3. Has a current DOT medical card. (If the sponsor does not have a current DOT medical card, he/she will be subject to a fine.* The test, however, will still proceed.)

*A DOT medical card is not required for a state or municipal employee using a state or municipal vehicle.

Sponsor License Number	Expiration	Class	State
Sponsor Printed Name	Sponsor Signature		Date

VEHICLE REQUIREMENTS

Vehicles used for a Class A, B, or C road test must meet the following requirements. Vehicles not meeting the following requirements will be refused/rejected.

- Represent the type and class of vehicle you will be driving when you receive your CDL. For a Passenger Endorsement, the applicant must have the appropriate class vehicle designed to carry 16 or more passengers, including the driver.
- Be able to pass a safety check. Vehicles with unstable, dangerous, or HAZMAT loads will be rejected. The vehicle must be completely free of hazardous material.
- Have a valid registration and current inspection sticker.
- Have adequate seating next to the operator for the use of the examiner.
- Have a manufacturer's gross vehicle weight rating (GVWR) on the vehicle, appropriate for the class of license for which you are applying. If there is no GVWR on the vehicle, you must have a document from the manufacturer or a motor vehicle dealer proving the GVWR.

Vehicle Make/Year	Tractor Registration Number/GVWR	State	Trailer Make/Year	Trailer Registration Number/GVWR	State
-------------------	----------------------------------	-------	-------------------	----------------------------------	-------

OUT-OF-STATE REGISTERED VEHICLES, TRAILERS, AND SEMI TRAILERS

- Carry proof of insurance coverage in the form of a policy or letter from the insurance company specifying the limits of coverage. The insurance coverage **MUST** be equal to Massachusetts minimum requirements of \$20,000/\$40,000P bodily injury and \$5,000 property damage coverage for the vehicle's use in Massachusetts. (No faxes or photo copies.)

RENTAL VEHICLES

- Have the rental agreement and written permission on the rental company's letterhead authorizing use of the vehicle for the road test.

CERTIFICATION AND SIGNATURE OF APPLICANT [Signature is Required]

I understand this Application will be processed through the *National Driver Register (NDR)* and the *Commercial Driver License Information System (CDLIS)* to verify the status of my operating privileges in other states and that my Social Security Number (SSN) will be verified with the Social Security Administration. I also understand that Federal law requires the Registrar to check my driving records in all jurisdictions where I have been licensed in the past 10 years and to respond to similar requests from other states and Canadian territories and provinces, from employers or prospective employers, and from insurers, as applicable and that other requests may be governed by the federal *Driver Privacy Protection Act*. I consent to the release of these records.

I have reviewed this completed *Application Form* and hereby apply for a *Commercial Driver License (CDL)* road test. I certify under the penalties of perjury that the information I have provided in this *Application Form* is true and complete. *I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24.*

MA Assigned CDL Permit/License Number

--	--	--	--	--	--	--	--	--	--

Signature: _____

Date: _____

[The Registrar reserves the right to recall any permit or license if it is later determined that the applicant was not qualified for such permit or license.]

Official Notice: Massachusetts law requires persons convicted of a sex offense to register with their local police departments. For information, call 1-800-93MEGAN.

For customer service: Contact our Phone Center at 857-368-8000
Weekdays 9 a.m.- 5 p.m.

Please visit our website for more information
www.massrmv.com



9012-WALK-IN