# CDL Road Test Application

**GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>License Class</th>
<th>CDL Endorsements Applying For: (For Class A, B, or C)</th>
<th>MA Assigned License/Permit Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A □ B □ C □ M</td>
<td>☐ Air Brakes ☐ Combo ☐ Hazmat ☐ Passenger ☐ Tank ☐ Doubles/Triples ☐ School Bus</td>
<td>📑 📑 📑 📑 📑 📑 📑 📑 📑</td>
</tr>
</tbody>
</table>

**Last Name** First Name Middle Name Date of Birth Month Day Year Sex ☐ M ☐ 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.

**Residential Address** (Where you actually reside) ☐ Same as above

City/State Zip Code

**REQUIRED INFORMATION**

(Use additional paper if needed for these questions)

1. ☐ Yes ☐ 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.

2. ☐ Yes ☐ No **Are you an active duty member of the U.S. armed forces?**

3. ☐ Yes ☐ 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 #

4. ☐ Yes ☐ No **Except for the above, are you currently licensed to drive, regardless of class of license, in any other state, country, or jurisdiction?**

   If yes, where? Class of License License #

5. ☐ Yes ☐ No **In the past 10 years, have you held any class of driver’s license in another state, country, or jurisdiction?**

   If yes, where? Class of License License #

6. ☐ Yes ☐ 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 #

7. ☐ Yes ☐ 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](http://www.massrmv.com/rmv/medical/policies.htm).)

8. ☐ Yes ☐ 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).

9. ☐ Yes ☐ No **Are you subject to any driver disqualification under 49 CFR Section 383.51 of the Federal Motor Carrier Safety Regulations?**

10. ☐ Yes ☐ No **Is your license or RIGHT to operate suspended, revoked, or canceled under any state’s law?**

   Why? __________ Exp. Date: __________

   (Note: If you answered, “yes,” additional documentation may be required)

11. ☐ Yes ☐ 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?**

12. ☐ Yes ☐ 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.

13. ☐ Yes ☐ 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 not allowed to operate in interstate commerce and will be restricted to travel only in Massachusetts on your CDL.)

   If yes, where? Class of License License #

   If yes, where? Class of License License #

   If yes, where? Class of License License #

   8. ☐ Yes ☐ No

   9. ☐ Yes ☐ No

   10. ☐ Yes ☐ No

   11. ☐ Yes ☐ No

   12. ☐ Yes ☐ No

   13. ☐ Yes ☐ No

---

**CDL Road Test Information (To be completed by examiner)**

<table>
<thead>
<tr>
<th>PARTS OF TEST</th>
<th>PASS</th>
<th>FAIL</th>
<th>REASON FOR FAILURE OR REJECTION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pre-Trip</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Air Brake</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Forward &amp; Back (Offset Alley)</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Parallel Park (Conventional)</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Parallel Park (Sight Side)</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Alley Dock</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Road Test</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Restriction Code** Add Delete

<table>
<thead>
<tr>
<th>Restriction Code</th>
<th>Add Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Examiner Name** Examiner ID # Location

**Examiner Signature**

**Batch Number**

---

- Please complete **REQUIRED** Sponsor Information and SIGNATURE Section on reverse side -

T21845_0215
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.**

Signature: ___________________________ Date: ___________________________

**MA Assigned CDL Permit/License Number**

[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