



Application for Georgia Commercial Driver's License

AVOID UNNECESSARY DELAYS: Type or print clearly in black or blue ink only. Provide all of the requested information that applies to you.

ARE YOU EXEMPT FROM THE FEE REQUIREMENTS? Applicants whose current Georgia driver's license is a complimentary Veteran's license are exempt from the fee provisions of this application. Likewise, applicants who are applying for a commercial driver's license to drive public school system buses are exempt from the fee provisions of this application.

WILL YOU HAVE TO TAKE A DRIVING TEST? If a driving test is necessary, it must be conducted in the type vehicle you expect to operate. Driving tests are administered at specific locations by appointment only. Please contact 678-413-8500 for information about those sites and schedules.

PART 1 - RESERVED

PART 2 Citizenship/Lawful Presence

Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Acceptable proof of lawful presence may be required, in accordance with O.C.G.A. §40-5-21.1.</i>
---	---

PART 3 Applicant Data

Please indicate your answer to the following questions by placing a check mark in the appropriate box.

- YES NO **1. Are you a Georgia Resident?**
- YES NO **2. Do you hold a Georgia driver's license?**
- YES NO **3. Is your Georgia license a complimentary Veteran's license?**

If your response is "YES", you are exempt from the fee requirements of this application.

- YES NO **4. Do you hold a driver's license other than one issued by Georgia?**

If your response is "YES", please list here the name of the issuing state: _____

- YES NO **5. Do you wish to transfer (grandfather) an out-of-state CDL to Georgia?**

*If your response is "YES", please answer questions 5a and 5b:
If your response is "NO", please skip to question 6.*

- YES NO **5a. Have you passed a driving skills test in another state?**
- YES NO **5b. During the preceding two (2) years, have you operated a CMV representative of the Class for which you are applying?**
- YES NO **6. Are you applying for a CDL as a bus driver in a public school system?**

If your response is "YES", you may be exempt from the fee requirements of this application.

YES NO **7. Is your privilege to drive currently disqualified, suspended, revoked, cancelled or denied in this or any other state?**

If your response is "YES", please list here the name of that state: _____

YES NO **8. Have you been convicted of or pleaded *nolo contendere* to any disqualifying offense in the past two (2) years?**

YES NO **9. Have you been convicted of or pleaded *nolo contendere* to more than one serious traffic violation (in any vehicle) in the past two (2) years?**

'Serious traffic violation' includes any of the following offenses, occurring in a commercial or non-commercial motor vehicle: (a) Speeding, 15 or more miles-per-hour above the posted speed limit (b) Reckless driving (c) Following another vehicle too closely (d) improper or erratic lane change (but not including failure to signal a lane change) (e) Any moving violation that occurred in connection with a fatal crash (f) railroad grade violation (g) driving a commercial motor vehicle without a CDL (h) driving a commercial motor vehicle without your CDL on person (i) driving a commercial motor vehicle without a CDL of the proper class and/or endorsements.

10. Please list the names of all states in which you have held a commercial or non-commercial driver's license during the past ten (10) years.

--

11. Please provide the following information about yourself and, if issued, your current driver's license.

Full Name (Last, First, Middle)					Social Security Number			
Driver's License Number	Issue Date	Expiration Date	Date of Birth	Height	Weight	Hair Color	Eye Color	Sex
Mailing Address			Apartment Number	City	State		Zip Code	
Residence Address			Apartment Number	City	State		Zip Code	

PART 4 Medical Certification

MEDICAL QUALIFICATIONS: Unless specifically exempted, you must possess a valid medical examiner's certificate in order to operate a commercial motor vehicle (49 CFR §391.41). Government employees (e.g. federal, state, county, or city employees) while operating government owned vehicles are exempt from this medical requirement

SPECIAL NOTICE: At all times while operating a commercial motor vehicle, you must carry on your person your original medical examiner's certification, or a photographic copy thereof, indicating that you have been deemed physically qualified to operate a commercial motor vehicle by a licensed medical examiner as defined in 49 CFR §390.5. ('Medical examiner' means a person who is licensed, certified, and/or registered, in accordance with applicable State laws and regulations, to perform physical examinations. The term includes but is not limited to, doctors of medicine, doctors of osteopathy, physician assistants, advanced practice nurses, and doctors of chiropractic).

Please indicate below which statement describes your compliance with PART 4 Medical Certification:

I satisfy the medical qualification requirements as defined in 49 CFR § 391, et seq. (initials) _____

I am exempt from the medical qualification requirement defined in 49 CFR § 391, et seq. (initials) _____

PART 5 Application Data

Please indicate the class of commercial driver's license for which you are applying (check all that apply).

- Class A** (Combination vehicles, GVWR 26,001 pounds or more)
- Class B** (Single vehicles, GVWR 26,001 pounds or more)
- Class C** (Single vehicles, GVWR less than 26,001 pounds)
- Class M** (Motorcycle)
- Class P** (Instruction permit) *Applicants applying for an instruction permit are excluded from the requirements of PART 1.*

If you intend to operate vehicles equipped with air brakes, you must qualify for an "air brakes" certification (check one).

YES NO **Do you intend to operate vehicles equipped with air brakes?**

Please indicate by checkmark the endorsement for which you are applying.

- H** Vehicles carrying hazardous materials (*See PART 6*)
- N** Tank vehicles
- P** Passenger vehicles (*16 or more passengers, including driver*)
- S** Yellow School Bus
- T** Double and triple trailer combinations
- X** Combination of 'N' and 'H' (*See PART 6*)

PART 6 United States Transportation Security Administration Threat Assessment (H or X Endorsements)

Pursuant to O.C.G.A. §40-5-151(i) and 49 CFR §1572, *et seq.*, before issuing, renewing, upgrading, or transferring a commercial driver's license with a HME, the Department shall obtain a Transportation Security Administration determination that the individual does not pose a security risk warranting denial of the endorsement.

Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	*Lawful Permanent Resident Alien Registration Number:
If "NO" are you a lawful permanent resident? <input type="checkbox"/> YES* <input type="checkbox"/> NO	<input type="checkbox"/> I-551 <input type="checkbox"/> Temporary I-551 stamp on form I-94 <input type="checkbox"/> Temporary I-551 Stamp in foreign passport <input type="checkbox"/> I-327

PART 7 School Bus Certification

The applicant named herein is regularly employed by this public school system and as such is entitled to a NO FEE application

Name of School System	School System Mailing Address
Typed/Printed Name of Person Authorized to Sign for School System	City, State, Zip Code
Signature of Person Name Above Authorized to Sign for School System	Notary (Seal Required)

PART 8 Self-Certification

I hold only one (1) valid driver's license. I certify the preceding statements and information contained in this application are true and correct. I authorize the Georgia Department of Driver Services to verify the accuracy of the information contained herein as required by state and federal laws. I authorize the Georgia Department of Driver Services to release my driving record information to the Commercial Driver's License Information System (CDLIS) and whatever agency CDLIS deems necessary by federal requirements. I understand that it is a crime to fraudulently apply for a driver's license. I am criminally liable for false or misleading statements on this application.

Applicant's Signature		Notary (Seal Required)
Applicant's Telephone Number ()	Date	Notary Signature

PLEASE CONTACT 678-413-8500 TO SCHEDULE AN APPOINTMENT. BE SURE TO VISIT OUR WEBSITE, [WWW.DDS.GA.GOV](http://www.dds.ga.gov), FOR ADDITIONAL INFORMATION ON WHAT DOCUMENTS YOU SHOULD BRING TO THE CUSTOMER SERVICE CENTER ALONG WITH YOUR COMPLETED APPLICATION.