



COMMERCIAL DRIVER LICENSE APPLICATION

Application Date _____ NAME _____
First MI Last

Driver License #: _____ Social Security #: _____ Date of Birth _____

SEX: Male Female Are you a U. S. citizen or Permanent Resident? YES NO

HEIGHT: Ft _____ In _____

EYE COLOR					
<input type="checkbox"/> Blue	<input type="checkbox"/> Gray	<input type="checkbox"/> Dichromatic	<input type="checkbox"/> Green	<input type="checkbox"/> Brown	<input type="checkbox"/> Hazel

WEIGHT: Lbs. _____

Home Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Please list all states where you have previously held any type of license in the prior **10 years**, and the full name in which it was held. (Please attach additional pages if necessary.)

1. STATE _____ DATE ISSUED _____ LICENSE # _____ DOB _____

NAME AS IT APPEARED ON LICENSE: _____
First MI Last

2. STATE _____ DATE ISSUED _____ LICENSE # _____ DOB _____

NAME AS IT APPEARED ON LICENSE: _____
First MI Last

3. STATE _____ DATE ISSUED _____ LICENSE # _____ DOB _____

NAME AS IT APPEARED ON LICENSE: _____
First MI Last

4. STATE _____ DATE ISSUED _____ LICENSE # _____ DOB _____

NAME AS IT APPEARED ON LICENSE: _____
First MI Last

As a commercial driver license applicant, I certify that I meet the qualifications contained in part 391 of the Federal Motor Carrier Regulations. I certify that the motor vehicle in which I am applying to operate is representative of the type of vehicle I operate or expect to operate. I certify that I am not subject to any disqualification, suspension, revocation or cancellation. I certify that I do not have a driver's license from more than one state or jurisdiction. I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein and that the statements in this application are true and correct. I consent to the release of my driving record information as provided in KRS 187.310 and KRS 281A.100.

CHECK ONE BLOCK ONLY:

- I certify I meet the qualifications requirements contained in Part 391 of the Federal Motor Carrier Safety Regulations.
- I certify that I am not subject to Part 391 and provide documentation to substantiate.

SIGNATURE _____ DATE _____

CIRCUIT COURT CLERK'S USE ONLY

This applicant has supplied the following documents as required

DOT MEDICAL CERTIFICATE INTRASTATE MEDICAL WAIVER FEDERAL WAIVER

Date Certificate Expires _____