

Building 3  
 Capitol Complex  
 Charleston, WV 25317

**Application for Commercial Driver's License and/or Endorsements**  
*(must change address within 20 days)*

Name \_\_\_\_\_  
LAST FIRST MIDDLE

WV license # \_\_\_\_\_

Former names \_\_\_\_\_  
SUPPORTING LEGAL DOCUMENTATION IS REQUIRED BY LAW

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Residence address \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Eye Color \_\_\_\_\_

Mailing address \_\_\_\_\_  
REQUIRED IF DIFFERENT FROM RESIDENCE ADDRESS

SSN \_\_\_\_\_  
REQUIRED BY FEDERAL LAW .. DOES NOT APPEAR ON LICENSE / ID

City, state, ZIP code \_\_\_\_\_

Has your address changed since last license / ID issuance? *yes*  *no*

Are you a United States citizen? *yes*  *no*  Alien Registration # \_\_\_\_\_

**To apply for a CDL License/Endorsement:** You must submit a copy of your **DOT Medical Certificate (Long Form Physical)** and all required fees mailed to the address above with this application. Please complete both sides of this application in full.

**To obtain, renew or transfer a CDL Driver's License a DOT Physical Long Form must be provided and valid for not less than thirty (30) days.**

**Social Security Number:** If this is your first time applying for a commercial driver's license and/or endorsements, you must provide the Division of Motor Vehicles with a copy of your social security card to verify number.

Original Applications, renewal and transfer fees. To find the number of years your CDL license will be issued and the cost, please refer to the chart below. **Subtract your birth year from the current year.** The correct fee to use for the license will be in the license fee column. **All applicants with a driver's license transaction in December should use the following year to subtract the age.**

Last Digit of Subtracted Age	License Issued for	CDL License Fee	Class D License Fee
1 or 6	4 years	\$35.00	\$25.50
2 or 7	3 years	\$26.25	\$19.25
3 or 8	7 years	\$61.25	\$44.25
4 or 9	6 years	\$52.50	\$38.00
5 or 0	5 years	\$43.75	\$31.75

If you are under the age of 21, please use the information below to determine your application fees. The license will expire when the application reaches age 21.

Age 18 - CDL/\$26.25      Class D/\$19.75  
 Age 19 - CDL/\$17.50      Class D/\$13.00  
 Age 20 - CDL/\$8.75      Class D/\$6.75

**TYPE OF CDL/ ENDORSEMENTS APPLICANT WISHES TO OBTAIN**

- Knowledge Testing **\$10**       School Bus       Class D
- Air Brakes **\$25**       Duplicate License       License Update
- Combination **\$5**       Add Endorsement       Instruction Permit
- Tank Vehicle **\$10**       Class A       Transfer
- Double/Triple **\$10**       Class B       Renewal
- Hazardous Materials **\$10**       Class C       Original Application
- Passenger **\$10**

If adding an endorsement to current CDL, add duplicate license photo fee to total.

Note: If a skills test is necessary, it must be conducted in the type of vehicle you expect to operate or the license cannot be issued. Applicants must supply vehicle for skills test. (Road Skills Test payable to examiner at time of testing : \$75.00)

**As of May 31, 2005, all renewals, transfers and new applicants applying for a Hazardous material endorsement will be required to submit to a fingerprint and background check. This must be done thirty (30) days before expiration of your license, call the Transportation Security Administration (TSA) at 1-(877) 429-7746, to start the Fingerprint and Background check process, before you can test or obtain a test card for the hazardous materials endorsement.**

Effective June 8, 2008, any CDL that has been suspended, revoked or disqualified for three (3) years or more must retest on the knowledge and skills exam to be reissued their CDL.

Do you wish to register to vote? YES  NO

Do you wish to register for Selective Service?  
Men ages 16-26 only YES  NO

Do you wish to be designated on your license/ID as an organ donor? YES  NO

Do you wish to be designated on your license/ID as diabetic or deaf and hard of hearing?  
If so, a physician (for diabetics) or licensed audiologist (for the deaf and hard of hearing) must certify your condition. YES  NO

**PHYSICIAN / AUDIOLOGIST CERTIFICATION FOR MEDICAL ENDORSEMENT**

I certify that the applicant named herein is  diabetic  deaf and hard of hearing.

\_\_\_\_\_  
physician /audiologist signature  
(diabetic) (deaf and hard of hearing)

\_\_\_\_\_  
medical license #/state

\_\_\_\_\_  
office address

\_\_\_\_\_  
office telephone #



I certify I meet the qualifications requirements for a DOT Medical Examination Certificate contained in Part 391 of the Federal Motor Carrier Safety Regulations. YES  NO

I certify that I am not subject to Part 391 and provide written documentation from my employer to substantiate. YES  NO

**Concerning Medical Waivers**

If you are applying for a CDL License, and are not medically certified in accordance with **DOT requirements Part 391**, you may be eligible for a **medical waiver** intrastate only license. Call (304) 558-2350 for further information.

If you wish to be able to operate a commercial motor vehicle (interstate) in all 50 states, and have a medical **waiver** apply to the **Federal Motor Carrier Safety Administration**. Call (304) 347-5935 for further information.

**CHILD SUPPORT LAW COMPLIANCE**

Do you owe a child support obligation? YES  NO

Do you owe a child support obligation that is more than 6 months in arrears? YES  NO

Are you the subject of a child support-related warrant, subpoena or court order? YES  NO

**IF YOU HAVE EXPERIENCED ANY OF THE FOLLOWING, YOU MUST SO INDICATE, AND SUBMIT A LETTER OF EXPLANATION**

	yes	no
any seizures or loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
emotional or mental illness	<input type="checkbox"/>	<input type="checkbox"/>
alcohol or drug problems	<input type="checkbox"/>	<input type="checkbox"/>
any physical condition requiring special equipment to drive	<input type="checkbox"/>	<input type="checkbox"/>
glasses or contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
visual/medical condition(s) affecting ability to drive safely	<input type="checkbox"/>	<input type="checkbox"/>
license suspension/revocation or pending license suspension/revocation in any jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>
refusal by any jurisdiction to issue a driver's license	<input type="checkbox"/>	<input type="checkbox"/>
diabetes requiring insulin or medication	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of false swearing, that all my answers to the above questions are true.   
Applicants Initials

**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. Men ages 18-26 only: By submitting this application and answering "yes" to the relevant questions, I am consenting to release of my personal information to the Selective Service System for draft registration, as required by Federal law. Any false statement may result in cancellation or suspension of my license.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Have you ever had a license issued by any other jurisdiction in the past 10 years?  
YES  NO

Issuing jurisdictions and numbers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_