

**THE U.S. DEPARTMENT OF TRANSPORTATION REQUIRES APPLICANTS COMPLETE THIS FORM  
FOR ALL POSITIONS REQUIRING A COMMERCIAL DRIVER'S LICENSE (CDL)  
UNDER 49 C.F.R. Sec. 291.21(b)(2) & (b)(9)  
PLEASE USE ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED.**

Last Name:	First Name:	Middle Initial:	Date of Birth:
Social Security Number:		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes to either question, provide a statement setting forth in detail the facts and circumstances of any denial, suspension, or revocation of any license, permit, or privilege to operate a motor vehicle.			

**List all unexpired driver's licenses/permit numbers with expiration dates:**

Driver's License Number	State of Issue	CDL Endorsement	Expiration Date

**List all addresses of residence for the past three years:**

Street Address	City, State, ZIP	Years

**Driving Experience: Please list the types of motor vehicles you have operated, the length of time operated, and the approximate number of miles driven in these vehicles.**

Class of Equipment	Number of Miles Driven	Begin Date	End date
Ready Mix Truck			
Dump Truck			
Low Boy			
Water Truck or Fuel Truck			
Sweeper Truck			
Other:			

**List all motor vehicle accidents in which you were involved in the last three years. Attach additional sheets if needed.**

Date of Accident	Nature of Accident (head-on, rear-end, roll-over, etc.)	# of Fatalities	# of Injuries

**List all violations of motor vehicle laws/ordinances, other than parking violations, where you were convicted or forfeited bond or collateral during the past three years.**

Date of Violation	Location	Charge(s)	Penalty

I certify that this application was completed by me and that all information in it is true and complete to the best of my knowledge.

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