



# Massachusetts Registry of Motor Vehicles Initial CDL Application

Check appropriate box:

Permit Test

Road Test

Out of State Conversion

Fees are payable by Cash, Check, Money Order, Mastercard, Visa, or Discover. If paying by check, please make payable to "Registry of Motor Vehicles" or "RMV".

### Identification Requirements

You must be at least 18 years of age to apply for a CDL and must present three (3) forms of ID which include:

- Proof of date of birth
- Proof of signature
- Proof of Massachusetts residency

You must also produce your social security number (SSN) that the RMV can verify with the U.S. Social Security Administration (SSA) as having been issued to you.

Please see the Class D and M Driver's Manual for the identification requirements you must satisfy to obtain a license and the list of "Acceptable Forms of Identification" that may satisfy those requirements. The list is also on our website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

Study the Commercial Driver's Manual to prepare for the written exam and road test.

License Class Applying For:	CDL Endorsements Applying For: (For Class A, B, OR C)
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M	<input type="checkbox"/> AIR BRAKES <input type="checkbox"/> COMBO <input type="checkbox"/> HAZMAT <input type="checkbox"/> PASSENGER <input type="checkbox"/> TANK <input type="checkbox"/> DOUBLES/TRIPLES <input type="checkbox"/> SCHOOL BUS

### General Applicant Information *Please print neatly with a ball point pen in blue or black ink.*

Social Security Number (SSN): ____ - ____ - ____	MA assigned CDL Permit/License Number:
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**Federal Law now prohibits use of your SSN on a License/Permit. The RMV will assign a License/Permit number.**

Name: Last	First	Middle	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height: ft. in.	Date of Birth (month/day/year)
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Residential Address: (Where you actually reside) Street#	Apt/Unit#	City	State	Zip Code
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Mail Address: (Where you want us to send your Driver's License/ID and future notices from the RMV) U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox. Street#	Apt/Unit#	City	State	Zip Code
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### Out of State CDL License Conversion to be completed by applicants converting an out of state CDL license. (HAZMAT cannot be converted.)

License Number	State	License Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M	Expiration Date (month/day/year)
CDL Endorsements Held: <input type="checkbox"/> AIR BRAKES <input type="checkbox"/> COMBO <input type="checkbox"/> HAZMAT <input type="checkbox"/> PASSENGER <input type="checkbox"/> TANK <input type="checkbox"/> DOUBLES/TRIPLES <input type="checkbox"/> SCHOOL BUS			Issue Date (month/day/year)

### REQUIRED INFORMATION *to be completed by all applicants*

<p>1. Are you currently licensed to drive in any state, the District of Columbia, or a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where? _____</p> <p>What Class or type of license? _____</p>	<p>4. Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where? _____ Exp. Date _____</p> <p>If yes, why? _____</p>												
<p>2. In the past 10 years have you held any class of driver's license in any other state, the District of Columbia, or a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <th>If yes, where?</th> <th>License Class</th> <th>License #</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>(inform RMV of previous names) (use additional paper if you need more space)</p>	If yes, where?	License Class	License #	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>5. Are you an active duty member of the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have any medical condition that may affect your ability to safely operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(The Medical Advisory Board has established standards to determine fitness to operate a motor vehicle. Ask a clerk for a summary of these standards or visit our website at <a href="http://www.mass.gov/rmv">www.mass.gov/rmv</a> for the complete list of these standards.)</p>
If yes, where?	License Class	License #											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
<p>3. Do you want to be, or continue to be, an organ or tissue donor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, the RMV will print the designation on your driver's license/ID.</p> <p><small>The RMV is required by law to provide certain information identifying organ donors to federally-designated organ procurement organizations and other federally registered non profit eye and tissue banks serving the Commonwealth.</small></p>	<p>7. Are you currently taking any medication that may affect your ability to safely operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Note:</b> If you answered yes to questions 4, 6, or 7, additional documentation may be required.</p>												

Date:	Initials:	(RMV USE ONLY)	Batch Number:
Vision: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Payment Type: Cash <input type="checkbox"/> Check <input type="checkbox"/>	Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/>	

- Please complete **REQUIRED Voter Registration and SIGNATURE Section** on reverse side-

**Voter Registration to be completed by all applicants (Except at road test sites)**

**To register to vote in Massachusetts you must be:**

- a **U.S. CITIZEN**; and
- a Massachusetts resident; and
- at least 18 years of age or older on or before the next election.

**1. Do you want to register to vote?**  Yes  No

- Check "Yes" if you want to register to vote, or you are changing your name or address and want to be registered to vote with this new information.
- Check "No" if you are currently registered to vote and do not want to change your voter registration or do not want to register to vote.

If you answered "yes," complete question #2 and read the Affirmation Section below.

**2. Check all that apply:**

**Are you a citizen of the United States of America?**  Yes  No

**Will you be at least 18 years of age or older on or before the next election?**  
 Yes  No

**NOTE:** If you answered "no" to either of these questions, do not complete question #3. You are not eligible to register to vote at this time.

**3. Please indicate party enrollment or political designation (check one).**

- Democrat  Republican  Green-Rainbow  No Party (unenrolled)  
 Political Designation (not a political party): \_\_\_\_\_  
 (Print desired designation.)

**PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT**

**Affirmation to be read by applicants registering to vote**

If you are registering to vote, when you sign your name at the counter to complete this transaction, you will be swearing (affirming) that you are the person identified on this form; that the information on this form is true; **THAT YOU ARE A CITIZEN OF THE UNITED STATES**; that you are not a person under a guardianship which prohibits you from registering to vote; that you are not temporarily or permanently disqualified by law from voting because of corrupt practices with respect to elections; and that you consider the residential address recited on this form to be your home address.

**Confidentiality of voter registration information:**

If you register to vote, the office at which you submit your application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes.

**Penalty for illegal voter registration:** Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L., Chap. 56, Section 8).

**SIGNATURE OF APPLICANT** (application not complete without signature)

**Note:** This application will be processed through the National Driver Register (NDR) and the Commercial Driver License Information System (CDLIS) to verify the status of operating privileges in other jurisdictions and the social security number will be verified with the Social Security Administration.

I have reviewed the Application Form, including the Voter Registration Section, and hereby apply for a Commercial Driver License (CDL) and swear (affirm), under the penalties of perjury, that the information I have provided in this application is true and, I meet the qualification requirements for a CDL listed in Title 49 CFR Part 391 or 540 CMR 2.06 and 14.00. **False statements are punishable by fine, imprisonment or both (M.G.L. c 90 §24).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CDL Written/Road Test Information to be completed by examiner or RMV official**

Vehicle Used:	Registration Number:	Sponsor License Number:
Sponsor Signature:	Date Examined:	Please Check One: <input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/> <b>REJECT</b>

Parts of Test	Comments				Reason for failure or rejection	
	Pass	Fail	Restriction Code	Add	Delete	
1. Pre-Trip	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Examiner Name  Examiner ID  Location  Examiner Signature
2. Air Brake	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	
3. Forward & Back (Offset Alley)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	
4. Parallel Park (Conventional)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	
5. Parallel Park (Sight Side)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	
6. Alley Dock	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	
7. Road Test	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	

The Registrar reserves the right to cancel, revoke, or recall, any permit, license or ID if the Registrar determines that the applicant was not qualified for such permit, license, or ID.

**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:  
617-351-4500 from the 339/617/781/857 area codes or  
800-858-3926 from all other MA area codes. Weekdays 9 a.m. until 5 p.m.

Please visit our website  
for more information at:  
[www.mass.gov/rmv](http://www.mass.gov/rmv)