



# CDL Road Test Application

Save time, go to [mass.gov/RMV](http://mass.gov/RMV) to apply online!

## A. Applicant Information

Last Name		First Name	Middle Name	Suffix
Date of Birth (MM/DD/YYYY)	Current Massachusetts Learner's Permit or Driver's License # (if applicable)		What is your Social Security Number?	
Residential Address (Where you actually reside)				
Street	Apt. #	City	State	Zip Code
Mailing Address <input type="checkbox"/> (same as above)				
Street	Apt. #	City	State	Zip Code

## B. Service Type

License Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	CDL endorsements applying for: <input type="checkbox"/> Air Brakes <input type="checkbox"/> Combo <input type="checkbox"/> Passenger <input type="checkbox"/> School Bus <input type="checkbox"/> Motor Bus
---	--

## C. Mandatory Questions (Use additional paper if needed for these questions)

<p>1. <input type="checkbox"/> Yes <b>In the past 10 years, have you held any class of driver's license in another state, country, or jurisdiction? List any current license/permit also.</b></p> <p><input type="checkbox"/> No</p> <p>If yes, where? _____ Class of License _____ License # _____</p> <p>_____</p> <p>_____</p> <p>You may use additional paper if necessary</p>	<p>4. <input type="checkbox"/> Yes <b>Are you subject to any driver disqualification under 49 CFR Section 383.51 of the Federal Motor Carrier Safety Regulations and MGL Chapter 90F Section 9?</b></p> <p><input type="checkbox"/> No</p>
<p>2. <input type="checkbox"/> Yes <b>Do you have a cognitive, neurologic, physical, or any other impairment that may affect your functional ability to operate a motor vehicle safely?</b> (for information on medical standards related to driver's licenses, visit <a href="http://mass.gov/rmv">mass.gov/rmv</a>)</p> <p><input type="checkbox"/> No</p>	<p>5. <input type="checkbox"/> Yes <b>Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in another state, country, or jurisdiction?</b></p> <p><input type="checkbox"/> No</p> <p>If yes, where? _____</p> <p>Why? _____ Exp.Date: _____</p> <p>(Note: If you answered yes, additional documentation may be required)</p>
<p>3. <input type="checkbox"/> Yes <b>Are you currently taking any medication that may affect your ability to safely operate a motor vehicle?</b> (for information on medical standards related to driver's licenses, visit <a href="http://mass.gov/rmv">mass.gov/rmv</a>)</p> <p><input type="checkbox"/> No</p>	<p>6. <input type="checkbox"/> Yes <b>Do you meet all the driver qualification requirements of the Federal Motor Carrier Safety Regulations, 49 CFR Part 391?</b></p> <p><input type="checkbox"/> No</p>

## D. Sponsor Information

Please be aware that as a sponsor you are subject to Chapter 90 Section 8B, which states in part:

"Such licensed operator shall be liable for the violation of any provision of this chapter, or of any regulation made in accordance herewith, committed by such persons with a learner's permit; provided, however, that an examiner in the employ of the Registrar, when engaged in his official duty, shall not be liable for the acts of any person who is being examined by said examiner."

Sponsors must also meet the following requirements:

1. Be at least 21 years old.
2. Have a valid U.S. Commercial Driver's License with proper endorsements for the class of vehicle that you are using.
3. Have a current DOT medical card. (If the sponsor does not have a current DOT medical card, he/she will be subject to a fine.\*  
The test, however, will still proceed.)

\*A DOT medical card is not required for a state or municipal employee using a state or municipal vehicle.

Sponsor License Number	Expiration (MM/ DD/ YYYY)	Class	State
Sponsor Printed Name	Sponsor Signature	Date (MM/DD/YYYY)	
Bus Company (if applicable)	Bus Company Contact Information (if applicable)		



9011-WALK-IN

## E. Vehicle Information

Vehicles used for a Class A, B, or C road test must meet the following requirements. Vehicles not meeting the following requirements will be refused/rejected.

- Represent the type and class of vehicle you will be driving when you receive your CDL. For a Passenger Endorsement, the applicant must have the appropriate class vehicle designed to carry 16 or more passengers, including the driver.
- Be able to pass a safety check. Vehicles with unstable, dangerous, or HAZMAT loads will be rejected. The vehicle must be completely free of hazardous material.
- Have a valid registration and current inspection sticker.
- Have adequate seating next to the operator for the use of the examiner.
- Have a manufacturer's gross vehicle weight rating (GVWR) on the vehicle, appropriate for the class of license for which you are applying. If there is no GVWR on the vehicle, you must have a document from the manufacturer or a motor vehicle dealer proving the GVWR.

### Out-of-State Registered Vehicles, Trailers, and Semi Trailers

- Carry proof of insurance coverage in the form of a policy or letter from the insurance company specifying the limits of coverage. The insurance coverage MUST be equal to Massachusetts minimum requirements of \$20,000/\$40,000P bodily injury and \$5,000 property damage coverage for the vehicle's use in Massachusetts. (No faxes or photo copies.)

### Rental Vehicles

- Have the rental agreement and written permission on the rental company's letterhead authorizing use of the vehicle for the road test.

Vehicle Make/Year	Tractor Registration Number/GVWR	State	Trailer Make/Year	Trailer Registration Number/GVWR	State
-------------------	----------------------------------	-------	-------------------	----------------------------------	-------

## F. CDL Road Test Information To be completed by examiner

Parts of Test	Pass	Fail	Reason for Failure or Rejection	Comments
1. Pre-Trip Inspection .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Restriction Code    Add    Delete
2. Air Brakes .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ <input type="checkbox"/> <input type="checkbox"/>
3. Forward Stop .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ <input type="checkbox"/> <input type="checkbox"/>
4. Straight Line Backing .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ <input type="checkbox"/> <input type="checkbox"/>
5. Forward Offset Tracking .....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ <input type="checkbox"/> <input type="checkbox"/>
6. Reverse Offset Tracking .....	<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"/>

Examiner Name	Examiner ID #	Date Examined (MM/DD/YYYY)	Location
---------------	---------------	----------------------------	----------

Examiner Signature \_\_\_\_\_ Date \_\_\_\_\_

## G. Applicant Requirements

Applicants must meet all of the following requirements for a Class A, B, or C road test in order to be tested:

- Have a current driver's license, if you are seeking additional endorsements.
- Have a valid CDL permit, with proper endorsements for the vehicle used.
- Have completed CDL self-certification and provided a valid U.S. Department of Transportation (DOT) medical card or medical waiver\*
- Have a completed road test application.
- Be on time for the skills test. If you are late, you will not be examined. If you must cancel or reschedule your appointment with less than 72 hours' notice, you will be responsible for the skills test fee.

## H. Certification and Signature of Applicant (application not complete without signature)

I have reviewed this completed Application Form and swear (affirm), under the penalties of perjury, that the information I have provided is true and correct.

**I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.**

MA Assigned CDL Permit/License Number

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

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

### Official Notice:

Massachusetts law requires persons convicted as a sex offender to register with their local police departments. For information, call 1-800-93MEGAN or visit <https://www.mass.gov/orgs/sex-offender-registry-board>



9011-WALK-IN