

Check appropriate box:

Issue License Knowledge/Permit Test Change of Information Out-of-State Conversion Renewal Duplicate

 Fees are payable by Cash, Check, Money Order, MasterCard, Visa, American Express or Discover. Go online to www.massrmv.com for additional payment options.

 If paying by check, make payable to MassDOT. **PLEASE FILL OUT FORM CLEARLY IN BLACK OR BLUE INK**
A
IDENTIFICATION REQUIREMENTS

You must be at least 18 years of age to apply for a CDL and must present four (4) forms of ID which include:

- Proof of date of birth
- Proof of signature
- Proof of Massachusetts residency
- Proof of U.S. Citizenship or Lawful Permanent Residency within the United States

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.massrmv.com.

Study the Commercial Driver's Manual to prepare for the knowledge test and road test. If you have been residing in this state for 30 days or more, you cannot operate a Commercial Motor Vehicle with a CDL issued by another jurisdiction.

License Class
CDL Endorsements Applying For: (For Class A, B, or C)
 A B C M

 Air Brakes Combo Hazmat Passenger Tank Doubles/Triples School Bus

B
GENERAL INFORMATION

Eye Color:

Hair Color:

Weight:

MA Assigned CDL Permit/License Number

Date of Birth

Social Security Number

			Month	Day	Year			-			-			
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Last Name

First Name

Middle Name

Sex

 M F

Height

 Feet
Inches

Mailing Address (Where you want us to send your Driver's License and future notices from the RMV)
 U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox.

City/State

Zip Code

 Residential Address (Where you actually reside) Same as above

City/State

Zip Code

C
REQUIRED INFORMATION

(Use additional paper if needed for these questions) Question 12 to be completed for Knowledge/Permit Test only

1. Yes No Do you want to be, or continue to be, registered as an organ & tissue donor? If yes, the RMV will provide this information to federally-designated organ procurement organizations serving the Commonwealth, and will print this designation on your CDL license.
2. Yes No Are you an active duty member of the U.S. Armed Forces?
3. Yes No If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your license/ID? If you are not a veteran, check "No".
NOTE: If yes, proof of honorable discharge must be presented.
4. Yes No Are you currently licensed to drive in any state, country, or jurisdiction (including the District of Columbia)?
If yes, where? _____
 Class of License: _____ License # _____
5. Yes No Except for the above, are you currently licensed to drive, regardless of class of license, in any other state, country, or jurisdiction?
If yes, where? _____
 Class of License: _____ License # _____
6. Yes No In the past 10 years, have you held any class of driver's license in another state, country, or jurisdiction?
If yes, where? _____ Class of License _____ License # _____
You may use additional paper if necessary
7. Yes No Have you had, or do you have, a license under any other name in this or another state or jurisdiction?
If yes, what name? _____
What state: _____ License # _____

8. Yes No Do you have a cognitive, neurologic, physical, or any other impairment that may affect your functional ability to operate a motor vehicle safely?
(The Commonwealth's medical standards for safe operation of a motor vehicle are found at <http://www.massrmv.com/rmv/medical/policies.htm>.)

9. Yes No Are you currently taking any medication that may affect your ability to safely operate a motor vehicle?
(Note: If you answered "yes" to questions #8 or #9, the RMV Service Center Representative must contact Medical Affairs.)

10. Yes No Are you subject to any driver disqualification under 49 CFR Section 383.51 of the Federal Motor Carrier Safety Regulations?

11. Yes No Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in another state, country, or jurisdiction?
If yes, where? _____ Why? _____ Exp. Date: _____
(Note: If you answered yes, additional documentation may be required)

12. Yes No Is the motor vehicle that you will use for the driving skills test representative of the class of vehicle which you operate or intend to operate?

13. Yes No Do you meet all the driver qualification requirements of the Federal Motor Carrier Safety Regulations, 49 CFR Part 391? If you answered "Yes" to # 13, do not answer # 14.

14. Yes No If you answered "No" to question #13, do you meet state qualification standards for a commercial driver?
(If you answer "Yes" to # 14 you agree that you are not allowed to operate in interstate commerce and will be restricted to travel only in Massachusetts on your CDL.)

RMV USE ONLY

Date:

Initial:



9011-WALK-IN

D OUT-OF-STATE CDL LICENSE CONVERSION YOU MUST TURN-IN YOUR OUT-OF-STATE CDL AND ANY NON-CDL LICENSE.				
License Number		State	License Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M	Issue 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			Expiration Date (month/day/year)	
E CHANGE OF INFORMATION CDL holders must apply for an amended license within 30 calendar days to reflect any change of name, mailing address, or residence.				
<input type="checkbox"/> Check here if your name has changed. Please print your new name in the General Information section and your previous name below.				
Last Name		First Name	Middle Name	
<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Mailing Address .				
<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Residential Address .				
<input type="checkbox"/> Check here if height has changed. Current height is ft. _____ in. _____		<input type="checkbox"/> Other		
<input type="checkbox"/> Check here if <i>gender designation</i> has changed. Note: Additional documentation will be required. Change gender designation to: <input type="checkbox"/> Male <input type="checkbox"/> Female				
F VOTER REGISTRATION to be completed by all applicants				
To vote in Massachusetts you must be: A U.S. CITIZEN , a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be a town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.				
1. Do you want to register to vote? <input type="checkbox"/> Yes <input type="checkbox"/> 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 If you answered "yes," complete question #2 and read the Affirmation Section below.				
2. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If you answered "no" to this question, 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). <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> No Party (unenrolled) <input type="checkbox"/> Political Designation (not a political party): _____ <small>(Print desired designation.)</small>				
PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE I hereby swear (affirm) that I am the person named above, that the above information is true, that I AM A CITIZEN OF THE UNITED STATES , that I am at least 16 years old and I understand that I must be 18 years old to be eligible to vote, that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be my home. Signed under the penalty of perjury.				
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).				
G CERTIFICATION AND SIGNATURE OF APPLICANT [Signature is Required]				
I understand this Application will be processed through the National Driver Register (NDR) and the Commercial Driver License Information System (CDLIS) to verify the status of my operating privileges in other states and that my Social Security Number (SSN) will be verified with the Social Security Administration . I also understand that Federal law requires the Registrar to check my driving records in all jurisdictions where I have been licensed in the past 10 years and to respond to similar requests from other states and Canadian territories and provinces, from employers or prospective employers, and from insurers, as applicable and that other requests may be governed by the federal Driver Privacy Protection Act . I consent to the release of these records.				
I certify that I am a U.S citizen or have lawful permanent residency within the United States. I have reviewed this completed Application Form , including the Voter Registration section, and hereby apply for a Commercial Driver License (CDL) . I certify under the penalties of perjury that the information I have provided in this Application Form is true and complete. I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24.				
MA Assigned CDL Permit/License Number <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="flex: 1; margin-right: 10px;"> Signature: _____ </div> <div style="flex: 1; text-align: right;"> Date: _____ </div> <div style="flex: 1; text-align: right;">  </div> </div>				
[The Registrar reserves the right to recall any permit or license if it is later determined that the applicant was not qualified for such permit or license.]				
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: Call our Contact Center at 857-368-8000 Weekdays 9 a.m.- 5 p.m.				
Please visit our website for more information at www.massrmv.com				
Important Note: CDL drivers and applicants must self-certify and provide a copy of their U.S. DOT Medical Certificate if required.				
 9012 - WALK - IN				