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| --- | --- | --- | --- | --- |
| **APPLICATION DATE** | **FIRST NAME**      | **MI**   | **LAST NAME**      | **SUFFIX** |
| **DRIVER LICENSE #** | **SOCIAL SECURITY #** | **DOB**      | **PHONE**      | **EMAIL**      |
| **SEX** | [ ]  | Male | [ ]  | Female | Are you a US Citizen or Permanent Resident? | [ ]  | Yes | [ ]  | No |
| **HEIGHT** | Ft |  | In |  | **EYE COLOR** |
| **WEIGHT** | Lbs |  |  |  | [ ] Blue [ ] Gray [ ] Dichromatic [ ] Green [ ] Brown [ ] Hazel |
| **HOME ADDRESS** *(street)* | **CITY** | **STATE** | **ZIP** |  |  |  |  |  |
| **MAILING ADDRESS** *(street)* | **CITY** | **STATE** | **ZIP** |  |  |  |  |  |
| List all states where you have held any type of license in the prior 10 years. *(Attach additional pages if necessary.)* |
| If licensed only in Kentucky, check here. [ ]  |
| 1. | **STATE** | **DATE ISSUED**  | **LICENSE #** | **DOB** |  |  |  |  |  |
|  | Full name in which the License was held | *(first)* | *(MI)* | *(last)* |  |  |  |  |  |  |
| 2 | **STATE** | **DATE ISSUED**  | **LICENSE #** | **DOB** |  |  |  |  |  |
|  | Full name in which the License was held | *(first)* | *(MI)* | *(last)* |  |  |  |  |  |  |
| 3 | **STATE** | **DATE ISSUED**  | **LICENSE #** | **DOB** |  |  |  |  |  |
|  | Full name in which the License was held | *(first)* | *(MI)* | *(last)* |  |  |  |  |  |  |
| 4 | **STATE** | **DATE ISSUED**  | **LICENSE #** | **DOB** |  |  |  |  |  |
|  | Full name in which the License was held | *(first)* | *(MI)* | *(last)* |  |  |  |  |  |  |
| 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. I consent to the release of my driving record information as provided in KRS 187.310 and KRS 281A.100. |
| **CHECK ONE BLOCK ONLY** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  I certify I meet qualifications requirements contained in Part 391 of the Federal Motor Carrier Safety Regulations.[ ]  I certify that I am not subject to Part 391 and provide documentation to substantiate. |
| **SIGNATURE** | **DATE** |  |  |  |  |  |  |  |  |  |  |

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