DIVISION OF DRIVER LICENSING

COMMERCIAL DRIVER LICENSE APPLICATION

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 *(first)* (MI) (last) License was held			

2 STATE	DATE ISSUED	LICENSE #	DOB
Full name in which the *(first)* (MI) (last) License was held			

3 STATE	DATE ISSUED	LICENSE #	DOB
Full name in which the *(first)* (MI) (last) License was held			

4 STATE	DATE ISSUED	LICENSE #	DOB
Full name in which the *(first)* (MI) (last) License was held			

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