

Application for Commercial Learner's Permit, Test Receipt, or Commercial Driver's License

To apply for a CDL or CLP, you must present proof of U.S. citizenship or lawful permanent residency, or obtain a Non-domiciled CLP. Do not continue with this application if you do not have the required proof.

Please write clearly or your application will be rejected.

APPLICANT INFORMATION

NJ Driver License Number: _____ **Social Security Number: _____

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Mailing Address (Street, PO Box): _____ Apt/Floor/Unit: _____

City: _____ State: _____ Zip: _____ County: _____

Residential Address (If Different from Mailing): _____ Apt/Floor/Unit: _____

City: _____ State: _____ Zip: _____ County: _____

Full Date of Birth: ____/____/____ Gender: _____ Eye Color: _____ Weight: _____ Height: _____ ft _____ in
(MM/DD/YYYY)

***Submission of your social security number is required by law. It will be used in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.*

TRANSACTION INFORMATION

Transaction (Select One): ☐ Test Receipt ☐ Commercial Learner's Permit ☐ Commercial Driver's License

For commercial driver license transactions only. Select one document type: ☐ Standard License ☐ Real ID License

Endorsements (Check Appropriate Boxes): ☐ H Hazmat* ☐ N Tank ☐ P Passenger ☐ S School Bus ☐ T Double/Triple

Class (Select One): ☐ A Commercial ☐ B Commercial ☐ C Commercial

* Available as an upgrade only

OUT-OF-STATE TRANSFER INFORMATION ONLY

1. Do you have a valid driver's license in any other state or country? ☐ Yes ☐ No

2. Is your driving or CDL privilege now suspended, revoked, disqualified or canceled in any other state, province territory or country? ☐ Yes ☐ No

State: _____ Driver License Number: _____

Name on License (if different than above): _____

3. Do you have a mental or physical disability or convulsive disorder? ☐ Yes ☐ No

If you answered YES to questions 1, 2 or 3, please explain: _____

SIGNATURE

Signature: _____ Date: _____

I certify that the statements made by me on this form are true. I am aware that if any of the statements are willfully false, I am subject to administrative, civil, and/or criminal penalty.

MVC USE ONLY

Transaction Type: ☐ Initial ☐ Renewal ☐ Duplicate ☐ Change ☐ Upgrade ☐ Downgrade ☐ Transfer

Standard Documentation

Proof of Legal Presence
Primary Documentation
Secondary Documentation
Proof of SSN
Proof of NJ Residential Address

Real ID Documentation

Proof of Legal Presence
Primary Document
Secondary Document
Proof of SSN
Proof of NJ Residential Address 1
Proof of NJ Residential Address 2

Comments: