



Application for Commercial Driver License



Please utilize this form when applying for a Commercial Driver License. Fill out, print, and sign by hand prior to visiting an Agency.



FORM FOR COMMERCIAL DRIVER LICENSE

DRIVER LICENSE NUMBER

| | | | | | | | | |
|--|--|---------------|-----------|---|----------|---------------------------------|---------|-----------|
| NAME (FIRST) | | NAME (MIDDLE) | | NAME (LAST) | | SUFFIX | | |
| MAILING ADDRESS (STREET, PO BOX, RURAL ROUTE) | | | | RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) | | | | |
| CITY | | STATE | | ZIP | | COUNTY | | |
| CITY | | STATE | | ZIP | | COUNTY | | |
| FULL DATE OF BIRTH | | SEX | EYE COLOR | | WEIGHT | | HEIGHT | |
| CHECK HERE IF YOUR ADDRESS HAS CHANGED FROM PREVIOUS RECORDS <input type="checkbox"/> | | RENEWAL | INITIAL | DUPLICATE | TRANSFER | CHANGE | UPGRADE | DOWNGRADE |
| DO YOU HAVE A VALID DRIVER LICENSE IN ANY OTHER STATE, PROVINCE, TERRITORY, OR COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | IS YOUR DRIVING OR CDL PRIVILEGE NOW SUSPENDED, REVOKED, DISQUALIFIED OR CANCELED IN ANY OTHER STATE, PROVINCE TERRITORY OR COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| DO YOU HAVE A MENTAL, PHYSICAL OR CONVULSIVE DISORDER? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | ARE YOU IN THIS COUNTRY LEGALLY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| SIGNATURE: | | | | DATE: | | **SOCIAL SECURITY NUMBER - - | | |

I, THE APPLICANT, CERTIFY THAT THE STATEMENTS ON BOTH SIDES OF THIS FORM ARE CORRECT.

**SUBMISSION OF THE SOCIAL SECURITY NUMBER IS REQUIRED BY N.J.A.C. 13:21-1.3 THE NUMBER WILL BE USED TO PREVENT ERRORS AND ENFORCE FEDERAL AND STATE LAWS IN THE COLLECTION OF MOTOR VEHICLE FEES.

BA-208C (R2/19)

SELECT ONE: REAL ID or NON-REAL ID

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

Organ Donor: Do you want the Organ Donor designation to appear on your driver license? (18 years or older only) YES** NO

Child Support: Under penalty of contempt of court, are you over six months behind in support and/or court-ordered health care payments, subject to a child support warrant, or in violation of a subpoena relating to a paternity or child support action? YES NO

Voter Registration: Would you like to register to vote? YES NO

If applying for an address change, would you like the new address to be your address used for voter registration purposes? YES NO

Commercial Driving License Certification: In accordance with the New Jersey Motor Carriers Rules and Regulations, N.J.S.A. 39:5B-18 et seq and N.J.A.C. 13:60-1.1 et seq for both interstate and intrastate commerce, my signature on the reverse side certifies that I meet all applicable qualifications.

Are you in compliance with Part 393 of the Federal Motor Carrier Safety Regulations 49 C.F.R. 391 and N.J.A.C. 13:60-1.1 et seq of the New Jersey Carriers Safety Regulations? YES NO

Do you certify that the vehicle that you will use to take your skills test is representative of the type of vehicle will drive in accordance with Federal Motor Carriers Safety Regulations 49 C.F.R. 383.71 and N.J.A.C. 13.21-23.2(b)? YES NO

Medical Certification Requirement: Federal regulations C.F.R.383.73(o) require all CDL holders self certify what type of commerce they operate in and if required submit a valid medical certificate every two years to the MVC.

Passenger Endorsement Requirement: If you have a passenger endorsement "P", on your CDL you must submit a recent medical examination report every two years to any MVC Agency or mail the report to the Bus Application Unit PO Box 127 Trenton, NJ 08666

* Submission of the Social Security Number is required by N.J.A.C. 13:21-1.3. The number will be used to prevent errors, enforce federal and state laws and assist in the collection of motor vehicle fees.

** By choosing the Organ Donor Donation Designation, I authorize the Motor Vehicle Commission to provide information about my choice to federally approved Organ Donor Procurement Organizations.

OFFICE USE ONLY

ID APPROVAL

ADDRESS VERIFICATION

GENERAL CERTIFICATION

A person who applies for a commercial driver license during suspension or revocation, or gives a fictitious name, address, or gives a misstatement of fact, is subject, upon conviction, to a fine of not more than \$500 and/or imprisonment at the discretion of the court. Applicant is also subject to suspension of driving privilege for a period of not more than two years. Authority: N.J.S.A. 39:3-34, 39:3-37.

List all States in which you have held any driver license during the past ten years

FOR MVC USE ONLY