

Completion of this section is requested but not required to apply for a driver's license or ID Card. (Virginia Code §2.2-3806)

INFORMATION FOR THE DEPARTMENT OF ELECTIONS

Mail In / DMV Connect Only - Are you a citizen of the United States of America?

YES (INITIAL BOX) [ ]

NO (INITIAL BOX) [ ]

Mail In / DMV Connect Only - Do you want to register to vote or change your voter registration address?

YES (INITIAL BOX) [ ]

NO (INITIAL BOX) [ ]



Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001
www.dmv.virginia.gov

COMMERCIAL DRIVER'S LICENSE (CDL) APPLICATION

DL 2P (07/01/2024)

LOG # [ ]

Purpose: Use this form to apply for a commercial driver's license or commercial learner's permit.

Instructions: Submit completed application to any DMV Customer Center. Complete front and back of this application.

APPLICATION TYPE

REAL ID: ID requirements for domestic air travel and access to secure federal facilities change May 7, 2025. A REAL ID meets these requirements.

Would you like to apply for a REAL ID license? (Not applicable if applying for a Motorcycle Learner's Permit)

- Yes - I would like to use my license as ID to board a domestic flight or enter a secure federal facility or military base on or after May 7, 2025. View the documents you'll need at https://www.dmv.virginia.gov/licenses-ids/real-id or ask for a brochure.
No - I acknowledge my license will display "Federal Limits Apply" and I will need another form of ID to board a domestic flight or enter a secure federal facility or military base on or after May 7, 2025.

Commercial Driver's License (CDL) Commercial Learner's Permit (CLP) Motorcycle License (indicate class below)

Check ONE if applicable: Motorcycle Learner's Permit "M" class (2 and 3 wheels) "M2" class (2 wheels) "M3" class (3 wheels)

Replacement License (also check ONE): I am surrendering my current license/permit. I certify I cannot surrender my current license/permit because it is: LOST STOLEN DESTROYED

Add Endorsement(s)

Remove Endorsement(s)

- H - Hazardous Materials S - School Bus (16 or more passengers)
N - Tank T - Double/Triple Trailer
P - Passenger Carrying Vehicle (16 or more passengers) X - Tank and Hazardous Materials

APPLICANT INFORMATION

NOTE: YOUR ADDRESS BELOW MUST BE CURRENT. THE U.S. POSTAL SERVICE WILL NOT FORWARD YOUR LICENSE.

FULL LEGAL NAME (last, first, middle, suffix) SOCIAL SECURITY NUMBER (SSN) I HAVE NOT BEEN ISSUED A SSN.

BIRTHDATE (mm/dd/yyyy) PHONE NUMBER (optional) SEX (check one) MALE FEMALE NON-BINARY WEIGHT LBS. HEIGHT FT. IN. EYE COLOR HAIR COLOR

STREET ADDRESS APT NO. CITY STATE ZIP CODE

IF YOUR NAME HAS CHANGED, PRINT YOUR FORMER NAME HERE NAME OF CITY OR COUNTY OF RESIDENCE CITY COUNTY OF

MAILING ADDRESS (if different from above - this address will show on your license/permit) APT NO. CITY STATE ZIP CODE

EMAIL ADDRESS (optional)

- 1. Do you wear glasses or contact lenses to operate a motor vehicle? YES NO
2. Do you have a physical or mental condition/impairment which requires that you take medication? If yes, please list the condition(s) and the name of the medication(s). YES NO
3. Have you ever had a seizure, blackout, or loss of consciousness? YES NO
4. Do you have a physical condition/impairment which requires you to use special equipment to drive? YES NO
5. Has your license or privilege to drive ever been suspended, revoked, or disqualified in this state or elsewhere? (NOTE: You do not need to disclose if your suspension, revocation or disqualification is due to a criminal conviction that has been expunged, or not subject to public disclosure.) YES NO

If you answered YES to any of the above provide an explanation here.

FOR DMV USE ONLY - DO NOT WRITE BELOW THIS LINE

Table with columns for REQUIRED TESTS, PASS, FAIL. Rows include VISION, SCHOOL BUS, PASSENGER, TANKER, HAZMAT, DOUBLE/TRIPLE, MOTORCYCLE KNOWLEDGE, MOTORCYCLE SKILLS M2, MOTORCYCLE SKILLS M3.

CUSTOMER NUMBER TRANSACTION TYPE ORIGINAL REISSUE DUPLICATE RENEWAL FEE

CSR SIGNATURE CSR LOGON ID

**VEHICLE OPERATION AND ADDITIONAL APPLICANT INFORMATION**

I want to be licensed to operate the type of vehicle(s) checked below:

 A - Combination vehicle with GVWR or GCWR of 26,001 lbs. or more B - Single vehicle with GVWR of 26,001 lbs. or more, or towing a vehicle less than 10,000 lbs. GVWR. C - Any vehicle that does not fit the definition of a Class A or Class B vehicle and is either used to transport hazardous materials or designed to carry 16 or more passengers, including the driver.**BRAKES**  Full Air Brakes  No Air Brakes (L restriction)  Air Over Hydraulic Brakes (Z restriction)**TRANSMISSION**  Automatic Only (E restriction)  Manual (includes automatic)Have you been issued any license or ID Card in Virginia or another jurisdiction within the past 10 years?  Yes  NoIf yes, identify any jurisdiction(s) in which you held a license or ID Card. Use the Supplemental Driver's Licensing History Sheet, form [DL 2PA](#) if additional space is needed.

List all driver licenses issued to you during the past 10 years.

	JURISDICTION	LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE
1.				
2.				
3.				
4.				

**PLACE OF DOMICILE** - Your place of domicile may or may not be the same as your place of residence. Your place of residence is where you currently live and your place of domicile is where your true, fixed and permanent home and principal residence is and to which you intend to return whenever you are absent. My place of domicile is: Virginia Outside of Virginia/Active Duty U.S. Military (Active Duty Common Access Card (CAC) Required) Another U.S. state/territory or Canada/Mexico (not eligible - must apply in place of domicile) A country other than the U.S. (unexpired EAD or foreign passport and I-94 required for a non-domiciled CLP/CDL)**INTERSTATE DRIVER**

(Check the box for the qualification category that applies)

 NON-EXCEPTED - I meet the qualification requirements under 49 CFR Part 391 of the Federal Motor Carrier Safety Regulations. (Medical examiner's certificate required) EXCEPTED - I am exempt from the qualification requirements under 49 CFR Part 391 of the Federal Motor Carrier Safety Regulations. (No medical examiner's certificate required)**INTRASTATE DRIVER (K restriction)** NON-EXCEPTED - I meet the qualification requirements under Title 19 § 30-20-80 of the VA Administrative Code. (Medical examiner's certificate required) EXCEPTED - I am exempt from the qualification requirements under Title 19 § 30-20-80 of the VA Administrative Code. (No medical examiner's certificate or state-approved letter required)**GOVERNMENT EMPLOYEES - (Fee waiver certification)**I certify that I am employed by the:  Commonwealth of Virginia or  City of  County of  Town of \_\_\_\_\_

to operate a motorcycle or commercial motor vehicle solely in the course of this employment and, because of such employment, I am entitled to the waiver of the motorcycle class and/or commercial motor vehicle endorsement fee, provided I have paid for and hold a valid Virginia driver's license or have made application for such.

**SELECTIVE SERVICE**

All males under the age of 26 are required to check one of the following. Failure to provide a response will result in denial of your application.

 I am already registered with Selective Service. I am a lawful non-immigrant on a current non-immigrant visa or a seasonal agricultural worker (H-2A Visa) and not required to register. I authorize DMV to forward to the Selective Service System personal information necessary to register me with Selective Service.

By signing this application, I consent to be registered with Selective Service, if required by federal law.

**OPTIONAL SPECIAL INDICATORS****VETERAN INDICATOR** Add or keep the veteran indicator on my commercial driver's license/permit.  Remove the veteran indicator on my commercial driver's license/permit.

You must complete a Virginia Veteran Military Service Certification (DL 11) form and provide an acceptable veteran service proof document to add the veteran indicator, unless you have already done so.

**BLOOD TYPE INDICATOR** Add or keep my blood type on my commercial driver's license/permit. Remove my blood type from my commercial driver's license/permit.Select one:  A+  B+  AB+  O+ A-  B-  AB-  O-

The blood type designation displayed on a Virginia DMV issued credential shall not create any liability on the part of the Commonwealth of Virginia. Any person or entity that takes action based on the blood type designation displayed shall indemnify and hold harmless the Commonwealth of Virginia pursuant to Va Code §§ 46.2-342, 46.2-345, 46.2-345.2, and 46.2-345.3.

**NOTICE**

Va. Code §§46.2-323 and 46.2-342 require that you provide DMV with the information on this form (including your social security number). Your personally identifiable information is being collected for record keeping purposes and will be disseminated only in accordance with Va. Code §§46.2-208, 46.2-209, and the Driver's Privacy Protection Act, 18 USC §2721. Persons convicted of certain sexual offenses (as listed in Va. Code §9.1-902) must register or re-register with the Virginia Department of State Police as provided in Va. Code §§9.1-901, 9.1-903, and 9.1-904. If you provide a non-Virginia residence/home address or non-Virginia mailing address, your application for a driver's license or permit may be denied. Upon issuance of a driver's license, commercial driver's license or ID card in the Commonwealth of Virginia, any driver's license, commercial driver's license or ID card previously issued by another state must be surrendered and will be cancelled by the issuing state.

**CERTIFICATION**

I certify and affirm that I am a resident of Virginia, that all information presented in this application is true and correct, that any documents I have presented to DMV are genuine, and that my appearance, for purpose of my DMV photograph, is a true and accurate representation of how I generally appear in public. I make this certification and affirmation under penalty of perjury and understand that knowingly making a false statement on this application is a criminal violation. By signing this form, I authorize DMV to verify the information provided on this application, as required to determine eligibility.

APPLICANT NAME (print)

APPLICANT SIGNATURE

DATE (mm/dd/yyyy)