

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

**INFORMATION FOR THE DEPARTMENT OF ELECTIONS**

Are you a citizen of the United States of America? **YES**  (INITIAL BOX) **NO**  (INITIAL BOX) Do you want to apply to register to vote or change your voter registration address? **YES**  (INITIAL BOX) **NO**  (INITIAL BOX)

**INFORMATION FOR THE VIRGINIA TRANSPLANT COUNCIL**

Yes, I would like to become an organ, eye and tissue donor.



DL 2P (10/01/2018)

**COMMERCIAL DRIVER'S LICENSE (CDL) APPLICATION**

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**

**Would you like your license to be REAL ID compliant?**  Yes  No (Not applicable if applying for CDL Learner's or Motorcycle Learner's Permits)

Commercial Driver's License (CDL)  CDL 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)	
<input type="checkbox"/> H - Hazardous Materials	<input type="checkbox"/> S - School Bus (16 or more passengers)	<input type="checkbox"/> H - Hazardous Materials	<input type="checkbox"/> S - School Bus (16 or more passengers)
<input type="checkbox"/> N - Tank	<input type="checkbox"/> T - Double/Triple Trailer	<input type="checkbox"/> N - Tank	<input type="checkbox"/> T - Double/Triple Trailer
<input type="checkbox"/> P - Passenger Carrying Vehicle (16 or more passengers)	<input type="checkbox"/> X - Tank and Hazardous Materials	<input type="checkbox"/> P - Passenger Carrying Vehicle (16 or more passengers)	<input type="checkbox"/> 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) GENDER (check one)  MALE  FEMALE 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

1. Do you wear glasses or contact lenses to operate a motor vehicle?  YES  NO
2. Do you have a physical or mental condition 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 which requires you to use special equipment to drive?  YES  NO
5. Have you been convicted within the past ten years in this state or elsewhere of any offense resulting from your operation of, or involving, a motor vehicle? (Do not include parking tickets.)  YES  NO
6. Has your license or privilege to drive ever been suspended, revoked, or disqualified in this state or elsewhere, or is it currently suspended, revoked or disqualified?  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**

REQUIRED TESTS	PASS	FAIL	CUSTOMER NUMBER	TRANSACTION TYPE	FEE
VISION			<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REISSUE <input type="checkbox"/> DUPLICATE <input type="checkbox"/> RENEWAL		
CDL GENERAL KNOWLEDGE			PROOF OF ID	PROOF OF RESIDENCY (primary)	
COMBINATION			PROOF OF SOCIAL SECURITY (specify)	PROOF OF RESIDENCY (secondary)	
AIR BRAKES			PROOF OF LEGAL PRESENCE (specify)		
SCHOOL BUS			Document Type	Document Number	Expiration Date (mm/dd/yyyy)
PASSENGER			Document Type	Document Number	Expiration Date (mm/dd/yyyy)
TANKER			REMARKS/PAID STAMP		
HAZMAT			CSR SIGNATURE AND LOGONID		
DOUBLE/TRIPLE			DOCUMENT VERIFIER SIGNATURE AND LOGONID		
MOTORCYCLE KNOWLEDGE					
MOTORCYCLE SKILLS M2					
MOTORCYCLE SKILLS M3					

**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       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.
- B - Single vehicle with GVWR of 26,001 lbs. or more, or towing a vehicle less than 10,000 lbs. GVWR.

**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       No  
If 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.

JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION
LICENSE NUMBER	LICENSE NUMBER	LICENSE NUMBER	LICENSE NUMBER
ISSUE DATE (mm/dd/yyyy)	ISSUE DATE (mm/dd/yyyy)	ISSUE DATE (mm/dd/yyyy)	ISSUE DATE (mm/dd/yyyy)
EXPIRATION DATE (mm/dd/yyyy)	EXPIRATION DATE (mm/dd/yyyy)	EXPIRATION DATE (mm/dd/yyyy)	EXPIRATION DATE (mm/dd/yyyy)

**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       Another U.S. state/territory or Canada/Mexico (not eligible - must apply in place of domicile)
- Outside of Virginia/Active Duty U.S. Military (Active Duty Common Access Card (CAC) Required)       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 non-immigrant alien in the U.S. 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.

**VETERAN INDICATOR**

- I would like to add/keep the veteran indicator on my commercial driver's license.
- I would NOT like to add/keep the veteran indicator on my commercial driver's license.

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.

**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)
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