



Department of Motor Vehicles
Agency of Transportation

Application for Commercial License/Permit

New, Renewal, Duplicate or Corrected

dmv.vermont.gov

I AM APPLYING FOR A (Check all that apply)	<input type="checkbox"/> Commercial License (CDL)	<input type="checkbox"/> Commercial Permit (CDP)	<input type="checkbox"/> Enhanced (ECDL) (See form VL-018)	
	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Original Issue	<input type="checkbox"/> Transfer from Out of State	<input type="checkbox"/> Renewal
	<input type="checkbox"/> Duplicate/Corrected	<input type="checkbox"/> Upgrade Class	<input type="checkbox"/> Add Endorsement(s)	

Vermont Identification Information Do you now have, or did you ever have a Vermont:

Driver License? ☐ Yes ☐ No
Learner Permit? ☐ Yes ☐ No
Non-Driver ID Card? ☐ Yes ☐ No

If "Yes", enter the identification number
on the Vermont License, Learner Permit,
or Non-Driver ID card →

VERMONT LICENSE, PERMIT, or NON DRIVER ID CARD NUMBER

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LAST NAME

FIRST NAME

MIDDLE NAME

Do you have a driver license that is valid or that expired within the past year, issued by another US State, the District of Columbia or a Canadian Province? ☐ Yes ☐ No

If "Yes", where was it issued? _____

Date of Expiration: _____ License Type: _____ License Number: _____

Address Where You Get Your Mail (mailing address) - Include Street Number and Name (If PO or Private Box, also fill in "Address Where You Live" below).

	City or Town	State	Zip Code
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Address of Residence (physical address) - this address will be printed on the license.

	City or Town	State	Zip Code
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Social Security Number:	Date of Birth:	Place of Birth (City, State & Country):
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The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws. Bring your birth certificate with you at the time of application, as you may be required to show proof of your age.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Eye Color:	Height:	Weight:
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Phone Number:	Email Address:
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Name, Address or Other Changes (if address change required for voter registration, complete voter registration on last page)

Has your name changed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/>	Has your mailing address changed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the physical address changed? <input type="checkbox"/> Yes <input type="checkbox"/> No	My Original CDL/CDP has been: <input type="checkbox"/> Surrendered <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> N/A
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If "Yes", print your former name exactly as it appeared on last license

OTHER CHANGE:

What is the change and the reason for it (new license class, wrong date of birth, etc.)?

Do Not Write Below		Continue to Page #2		Do Not Write Below		Continue to Page #2	
PID _____	Restrictions	Endorsements		Class D LIC Expires	CDL (59)		
<input type="checkbox"/> Create	<input type="checkbox"/> B - Corr Lens	<input type="checkbox"/> A - M & S	<input type="checkbox"/> DLN Survey		Credit for Driver Lic	()	
<input type="checkbox"/> Name Chg (231)	<input type="checkbox"/> C - Mech Aid	<input type="checkbox"/> B - M & V	<input type="checkbox"/> Driver History Req	Next DOB	Years Remain	Sub-Total	
<input type="checkbox"/> DOB Chg (231)	<input type="checkbox"/> D - Prosthetic	<input type="checkbox"/> H - HazMat	<input type="checkbox"/> Print NBE			MTC Endorse (71)	
<input type="checkbox"/> Misc Chg (231)	<input type="checkbox"/> E - Auto Tran	<input type="checkbox"/> M - MTC	<input type="checkbox"/> QCDL	OOS LIC #		Permit (61)	
POB Gender Eye	<input type="checkbox"/> K - Intrastate	<input type="checkbox"/> N - Tanker	<input type="checkbox"/> QCS			EDL (33)	
Height Weight	<input type="checkbox"/> L - No Air Brake	<input type="checkbox"/> P - Passenger	<input type="checkbox"/> SOR	OOS State & EXP Date		Duplicate (65)	
<input type="checkbox"/> Mail Address (232)	<input type="checkbox"/> M - No A Bus	<input type="checkbox"/> S - SB Type I				Endorsement Exam (67)	
<input type="checkbox"/> SSN# Chg (232)	<input type="checkbox"/> N - No A or B Bus	<input type="checkbox"/> T - Double/Triple		Issue Date		First Exam (63)	
<input type="checkbox"/> Phys Address (233)	<input type="checkbox"/> O - No Tract Trlr	<input type="checkbox"/> V - SB Type II				Skills Test (85)	
Add Chg	<input type="checkbox"/> P - No Bus Pass	<input type="checkbox"/> X - H & N		Exp Date		Credit for Skills Deposit	()
<input type="checkbox"/> Class Chg	<input type="checkbox"/> R - Drvr Instruct Only					Total	
<input type="checkbox"/> End Chg	<input type="checkbox"/> V - Med Variance						
	<input type="checkbox"/> W - Farm Waiver						
	<input type="checkbox"/> X - No Tank Cargo						
	<input type="checkbox"/> Y - 3 Wheel mtc						
	<input type="checkbox"/> Z - No Full Air Brake						
	<input type="checkbox"/> Other						