

☐ Issue License ☐ Knowledge/Permit Test ☐ Change of Information ☐ Out-of-State Conversion ☐ Renewal ☐ Duplicate

A IDENTIFICATION REQUIREMENTS

If you have been residing in this state for 30 days or more, you cannot operate a Commercial Motor Vehicle with a CDL issued by another jurisdiction.

☐ Air Brakes ☐ Combo ☐ Hazmat ☐ Passenger ☐ Tank ☐ Doubles/Triples ☐ School Bus

B

[illegible]

Inches

Zip Code


C

14. ☐ Yes ☐ No If you answered "No" to question #13, do you meet state qualification standards for a commercial driver?
(If you answer "Yes" to # 14 you agree that you are not allowed to operate in interstate commerce and will be restricted to travel only in Massachusetts on your CDL.)



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D	OUT-OF-STATE CDL LICENSE CONVERSION YOU MUST TURN-IN YOUR OUT-OF-STATE CDL AND ANY NON-CDL LICENSE.													
	License Number		State	License Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M	Issue Date (month/day/year)									
CDL Endorsements Held: <input type="checkbox"/> AIR BRAKES <input type="checkbox"/> COMBO <input type="checkbox"/> HAZMAT <input type="checkbox"/> PASSENGER <input type="checkbox"/> TANK <input type="checkbox"/> DOUBLES/TRIPLES <input type="checkbox"/> SCHOOL BUS				Expiration Date (month/day/year)										
E	CHANGE OF INFORMATION CDL holders must apply for an amended license within 30 calendar days to reflect any change of name, mailing address, or residence.													
	<input type="checkbox"/> Check here if your name has changed. Please print your new name in the General Information section and your previous name below.													
	Last Name		First Name		Middle Name									
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Mailing Address .													
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Residential Address .													
	<input type="checkbox"/> Check here if height has changed. Current height is ft. _____ in. _____				<input type="checkbox"/> Other									
<input type="checkbox"/> Check here if <i>gender designation</i> has changed. Note: Additional documentation will be required. Change gender designation to: <input type="checkbox"/> Male <input type="checkbox"/> Female														
F	VOTER REGISTRATION to be completed by all applicants													
	To register to vote in Massachusetts you must be: A U.S. CITIZEN, a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be a town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.													
	1. Do you want to register to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. Check all that apply:											
	• Check "Yes" if you want to register to vote, or you are changing your name or address and want to be registered to vote with this new information. • Check "No" if you are currently registered to vote and do not want to change your voter registration If you answered "yes," complete question #2 and read the Affirmation Section below.		Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be at least 18 years of age or older on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If you answered "no" to either of these questions, do not complete question #3. You are not eligible to register to vote at this time.											
	3. Please indicate party enrollment or political designation (check one). <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Green-Rainbow <input type="checkbox"/> United Independent Party <input type="checkbox"/> No Party (unenrolled) <input type="checkbox"/> Political Designation (not a political party): _____ (Print desired designation.)													
PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT														
AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE														
If you are registering to vote, when you sign your name at the counter to complete this transaction, you will be swearing (affirming) that you are the person identified on this form; that the information on this form is true; THAT YOU ARE A CITIZEN OF THE UNITED STATES ; that you are not a person under a guardianship which prohibits you from registering to vote; that you are not temporarily or permanently disqualified by law from voting because of corrupt practices with respect to elections; and that you consider the residential address recited on this form to be your home address. Confidentiality of voter registration information: If you register to vote, the office at which you submit your application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes. Penalty for illegal voter registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L., Chap. 56, Section 8).														
G	CERTIFICATION AND SIGNATURE OF APPLICANT [Signature is Required]													
	I understand this Application will be processed through the National Driver Register (NDR) and the Commercial Driver License Information System (CDLIS) to verify the status of my operating privileges in other states and that my Social Security Number (SSN) will be verified with the Social Security Administration . I also understand that Federal law requires the Registrar to check my driving records in all jurisdictions where I have been licensed in the past 10 years and to respond to similar requests from other states and Canadian territories and provinces, from employers or prospective employers, and from insurers, as applicable and that other requests may be governed by the federal Driver Privacy Protection Act . I consent to the release of these records. I have reviewed this completed Application Form , including the Voter Registration section, and hereby apply for a Commercial Driver License (CDL) . I certify under the penalties of perjury that the information I have provided in this Application Form is true and complete. I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24.													
Signature: _____ Date: _____														
[The Registrar reserves the right to recall any permit or license if it is later determined that the applicant was not qualified for such permit or license.]														
MA Assigned CDL Permit/License Number														
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														
Official Notice: Massachusetts law requires persons convicted of a sex offense to register with their local police departments. For information, call 1-800-93MEGAN.														
For customer service: Contact our Phone Center at 857-368-8000 Weekdays 9 a.m. - 5 p.m.														
Please visit our website for more information at www.massrmv.com														
Important Note: CDL drivers and applicants must self-certify and provide a copy of their U.S. DOT Medical Certificate if required.														



9012-WALK-IN

CDL SELF-CERTIFICATION FORM

As a Commercial Driver's License (CDL) or permit holder, you are federally required to inform the Registry of Motor Vehicles (RMV) of the type of commerce in which you operate (interstate or intrastate), and whether or not you are required to hold a US DOT Medical Examiner's Certificate (also referred to as a medical certificate or medical card). If you are an NI or NA categorized driver, you will need to re-certify, using this same form, prior to each expiration of your medical certificate. Depending on the validity period of your certificate, you will most likely have to re-certify every 1-2 years. Failure to complete your initial self-certification, or to re-certify by your self-certification expiration date thereafter, will result in the downgrade of your CDL to a Class D license. EI and EA categorized drivers will be required to re-certify every five years at the time of license renewal. A driver may also need to re-certify prior to an expiration date if the type of driving that is conducted has changed or if the driver has been issued a new medical certificate.

COMMERCIAL DRIVER INFORMATION (Please either print clearly or type)

DRIVER NAME	(last)	(first)	(middle)	BIRTHDATE (mm/dd/yyyy)
ADDRESS (street)	(city)	(state)	(zip code)	
LICENSE/PERMIT NUMBER	DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS

Please select only one of the following self-certification categories. See page two (2) of this form for category definitions.

I certify my commercial driving is:

- ☐ **Non-Excepted Interstate (NI)*** (copy of medical certificate required) - I engage in Interstate commerce and must meet the federal DOT medical certificate requirements
- ☐ **Excepted Interstate (EI)** - I engage in Interstate commerce and do not have to meet the DOT medical certificate requirements
- ☐ **Non-Excepted Intrastate (NA)*** (copy of medical certificate required) - I engage in Intrastate commerce and must meet state driver qualification requirements
- ☐ **Excepted Intrastate (EA)** - I engage in Intrastate commerce and do not have to meet the DOT medical certificate requirements

***If you selected the NI or NA category and do not have a W restriction on your license, you must fill out the medical certificate portion of this form on page two (2), and provide a copy of your medical certificate.**

If you have a federal medical variance, a state waiver, or a Skill Performance Evaluation Certificate (SPE), which is indicated on your medical certificate, you must also provide a copy of this documentation.

You should self-certify at the highest standard for which you qualify so as not to limit work opportunities. Non-excepted Interstate (NI) is the broadest category and the one you should select if you meet the criteria, even if you currently do not consider yourself an interstate driver.

I hereby certify under the penalties of perjury that the information I provided in this CDL Self-Certification Form is true and complete.

Signature of Driver

Date

Customers who wish to obtain, or who currently hold, a Commercial Driver's License (CDL) that is being renewed, upgraded, or transferred from another state, will be required to self-certify at that time if they do not have a current medical certificate on file with the RMV. This CDL Self-Certification Form and a copy of the medical certificate, if applicable, must be presented at the time of the transaction.

The easiest and quickest way to complete this form and provide your medical certificate is through our website, www.massrmv.com. Go to the "Online Services" section and look under "Other". You will be required to upload your medical certificate as part of the transaction. You may also submit this form by mail or in person at an RMV branch.

Mail forms to:

MassDOT, RMV Division, Driver Licensing
PO Box 55889
Boston, MA 02205

Submit forms in person to:

Any RMV branch office. Locations can be found by visiting
www.massrmv.com

RMV Override Request - I understand the override that was explained to me by the RMV and I authorize the RMV to process it.

Customer's Signature: _____

COMMERCIAL DRIVER INFORMATION (Please either print clearly or type)

DRIVER NAME	(last)	(first)	(middle)	BIRTHDATE (mm/dd/yyyy)
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Medical Examiner's Certificate Information

Please clearly enter the information from your medical certificate in the fields below. If you are required to hold a medical certificate, you will need to provide the RMV with a copy as part of your self-certification. Filling out the information below assists us with data processing, but does not replace the requirement to also provide a copy.

- | | |
|--|---|
| <input type="checkbox"/> 1. Wearing corrective lenses
<input type="checkbox"/> 2. Wearing hearing aid
<input type="checkbox"/> 3. Accompanied by a waiver (variance) exemption | <input type="checkbox"/> 4. Driving within an exempt intracity zone (49 CFR 391.62)
<input type="checkbox"/> 5. Accompanied by a Skill Performance Evaluation Certificate (SPE)
<input type="checkbox"/> 6. Qualified by operation of 49 CFR 391.64 |
|--|---|

Condition #6 only applies to a very limited number of drivers who fall under a federal grandfather clause that limits them to a one year medical certificate. If condition #6 is selected on your medical certificate and you do not fall under the grandfather clause, condition #6 was most likely chosen by the medical examiner in error. You should return to the medical examiner to request a revised medical certificate.

Telephone #_____
Issue Date_____
Medical Examiner's Name_____
Specialty Code (MD, DO, PA, CH, AN, or Other)_____
License #_____
Issuing State_____
Suffix_____
Medical Examiner's National Registry # (*new requirement*)_____
Medical Certification Expiration Date_____
If #3 is checked: Exemption Effective Date_____
Expiration Date_____
If #5 is checked: SPE Effective Date_____
Expiration Date**Definitions of Self-Certification Categories****Non-excepted Interstate (NI)** –

- All Class A, B, or C privately or self-employed commercial drivers who operate or expect to operate in interstate commerce, and are subject to meet the federal medical standard and, therefore, are required to obtain a medical examiner's certificate
- All Class A, B, or C drivers who do not fall under any other category or who have been granted a federal vision or diabetes exemption or a Skill Performance Evaluation (SPE)

Excepted Interstate (EI) –

- Drivers who operate or expect to operate in interstate commerce but engage exclusively in transportation or operations that are not required to meet all or parts of the federal qualification requirements and are, therefore, not required to obtain a medical examiner's certificate

Examples of EI Drivers include:

- City, municipal, or state employed Commercial Driver's License holders

Non-excepted Intrastate (NA) –

- All Class A, B, or C privately or self-employed commercial drivers who only operate in intrastate commerce and are subject to state driver qualification requirements

Examples of NA Drivers include:

- Drivers 18-21 years of age with a K restriction associated with their license to operate
- Drivers 21 and over with a W Restriction associated with their license to operate

Excepted Intrastate (EA) –

- Drivers who operate in intrastate commerce but engage exclusively in transportation or operations that are not required to meet all or parts of the state driver qualification requirements and are, therefore, not required to obtain a medical examiner's certificate

Examples of EA Drivers include:

- City, municipal, or state employed Commercial Driver's License holders