

445 Minnesota Street Saint Paul, MN 55101-5180 Phone: (651) 201-7672 Web: dps.mn.gov/divisions/dvs

## Military CDL Road Test Waiver 49 CFR 383.77

After completing appropriate CDL knowledge tests, submit this form *with driver's license application (PS33100-26)* to the exam station or driver's license agent.

• If you have questions or need additional information, please contact DVS at 651-296-2025.

## PRINT OR TYPE

First Name

Middle Name

Last Name

DL Number (OMIT DASHES)

Social Security Number

Date of Birth (mm/dd/yy)

Please read the following statement carefully.

## During the two-year period immediately prior to my application for a CDL, I certify that:

- 1. I have not had more than one license;
- 2. My driving privileges have not been suspended, revoked, or cancelled;
- 3. I have not had a conviction for any of the following disqualifying offenses in any type of motor vehicle:
  - driving under the influence of alcohol or a controlled substance;
  - refusing to take an alcohol test under implied consent laws;
  - leaving the scene of an accident;
  - using a vehicle to commit a felony;
  - causing a fatality through the negligent operation of a vehicle;
- 4. I have not had more than one serious traffic violation conviction as follows, committed in any type of motor vehicle:
  - driving 15 MPH or more over the posted speed limit;
  - reckless driving;
  - improper or erratic lane changing;
  - following too closely;
  - violating a traffic law arising in connection with a fatal accident;
  - driving a vehicle without the proper class of license and/or endorsements;
- 5. I have not had any conviction for a violation of a law or ordinance relating to motor vehicle traffic control (other than a parking violation) arising in connection with any traffic accident, and have no record of an accident in which I was at fault;
- 6. \*I have operated a vehicle representative of the commercial motor vehicle (CMV) I operate or expect to operate; and
- 7. I am regularly employed in a job requiring operation of a CMV.

\* Evidence of CMV driving experience must be submitted with this form.

## I certify that the above statements are true and correct.

Signature \_