



DIVISION OF DRIVER LICENSING

COMMERCIAL DRIVER LICENSE APPLICATION

APPLICATION DATE	FIRST NAME	MI	LAST NAME	SUFFIX
DRIVER LICENSE #	SOCIAL SECURITY #	DOB	PHONE	EMAIL
SEX ☐ Male ☐ Female	Are you a US Citizen or Permanent Resident? ☐ Yes ☐ No			
HEIGHT Ft In	EYE COLOR			
WEIGHT Lbs	☐ Blue ☐ Gray ☐ Dichromatic ☐ Green ☐ Brown ☐ Hazel			
HOME ADDRESS (street)	CITY	STATE	ZIP	
MAILING ADDRESS (street)	CITY	STATE	ZIP	

List all states where you have held any type of license in the prior 10 years. (Attach additional pages if necessary.)

If licensed only in Kentucky, check here. ☐

1.	STATE	DATE ISSUED	LICENSE #	DOB
	Full name in which the (first) (MI) (last) License was held			
2.	STATE	DATE ISSUED	LICENSE #	DOB
	Full name in which the (first) (MI) (last) License was held			
3.	STATE	DATE ISSUED	LICENSE #	DOB
	Full name in which the (first) (MI) (last) License was held			
4.	STATE	DATE ISSUED	LICENSE #	DOB
	Full name in which the (first) (MI) (last) License was held			

As a commercial driver license applicant, I certify that I meet the qualifications contained in part 391 of the Federal Motor Carrier Regulations. I certify that the motor vehicle in which I am applying to operate is representative of the type of vehicle I operate or expect to operate. I certify that I am not subject to any disqualification, suspension, revocation or cancellation. I certify that I do not have a driver's license from more than one state or jurisdiction. I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein and that the statements in this application are true and correct. I consent to the release of my driving record information as provided in KRS 187.310 and KRS 281A.100.

CHECK ONE BLOCK ONLY

- ☐ I certify I meet qualifications requirements contained in Part 391 of the Federal Motor Carrier Safety Regulations.
☐ I certify that I am not subject to Part 391 and provide documentation to substantiate.

SIGNATURE**DATE**