

APPLICATION FOR MILITARY SKILLS TEST WAIVER

The Commercial Driver License (CDL) skills test waiver form may be used by service members who are currently licensed and who are or were employed within the last 90 days in a military position requiring the operation of a military motor vehicle equivalent to a Commercial Motor Vehicle (CMV). This waiver allows a qualified service member to apply for a CDL without skills testing. CDL knowledge (written) test(s) cannot be waived. *The transfer of a School Bus(S) endorsement under this Waiver Program is prohibited.*

NAME (Last, First, Middle)		MA DRIVER'S LICENSE I	APPLICATION DATE					
RESIDENCE ADDRESS (STREET)	CITY	STATE ZIP CODE			DAYTIME TELEPHONE NUMBER			
MAILING ADDRESS (IF DIFFERENT)	CITY STATE ZIP CODE			EMAIL ADDRESS				
DRIVER RECORD CERTIFICATION								
During the 2-year period immediately preceding the	is date:							
Have you had more than one license (except for a	military licen	se)?			[YES		NO
Has your license been suspended, revoked, cancelled or disqualified in this or any state?						YES		NO
Have you been convicted of any violations describ	ed below in	any type of motor ve	hicle?					
Being under the influence of alcohol as prescribed	by state law				С	YES		NO
Being under the influence of a controlled substance					С	YES		NO
Having an alcohol concentration of 0.04 or greater	while operat	ing a CMV			[YES		NO
Refusing to take an alcohol test as required by a State jurisdiction under its implied consent laws or regulations as defined in 49 CFR 383.72] YES		NO
Leaving the scene of an accident					🗖	YES		NO
Using the vehicle to commit a felony (other than manufacturing, distributing or dispensing a controlled substance)					🗖	YES		NO
Driving a CMV while your CDL is revoked, suspended, cancelled; or you are disqualified from operating a CMV					🗅	YES		NO
Causing a fatality through the negligent operation of a CMV (including motor vehicle manslaughter, homicide by motor vehicle, or negligent homicide)						YES		NO
Using the vehicle in the commission of a felony inv	olving manu	facturing, distributing, c	or dispensing	g a controlled substa	ance D	YES		NO
Have you had more than one conviction for any of	the violation	ns described below in	any type o	of motor vehicle?				
Speeding in excess of 15 mph or more above the page 15.	oosted speed	l limit			[] YES		NO
Driving recklessly, as defined by State or local law or regulation (including offenses of driving a motor vehicle in willful or wanton disregard for the safety of persons or property)					YES		NO	
Making improper or erratic lane changes					🛭	YES		NO
Following the vehicle ahead too closely				[YES		NO	
Violating State or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with a fatal accident						YES		NO
Driving a CMV without obtaining a CDL					[YES		NO
Driving a CMV without a CDL in the driver's posses	ssion				C	YES		NO
Driving a CMV without the proper class of CDL and/or endorsements for a specific vehicle group being operated or for the passengers or type of cargo being transported] YES		NO
Violating a State or local law or ordinance on moto	r vehicle traf	fic control prohibiting te	exting while	driving	🛭	YES		NO
Violating a State or local law or ordinance on motor vehicle traffic control restricting or prohibiting the use of a hand held mobile telephone while driving] YES		NO
Have you had any conviction for a violation of milit (other than parking violation) arising in connection which you were at fault?	with any tr	affic accident and ha	ve no reco	d of an accident ir	,] YES		NO
CERTIFICATION OF DRIVING EXPERIENCE								
Have you been regularly employed or were you regula operation of a military motor vehicle that was represen] YES		NO
Were you exempted from the CDL licensing requirements for driving a military vehicle on state roads and highways in accordance with 49 CFR §383.3 (c)?						YES		NO
Have you operated a military motor vehicle representa to operate, for at least the 2 years immediately preced						YES		NO
I certify under penalty of perjury that the information	on on this fo	orm is true and correc	t to the bes	at of my knowledge	e, informa	tion and	belief.	
APPLICANT'S SIGNATURE				DATE				

COMMA	NDING OFFICER'S CERTIFICATION OF COMMERCIAL	DRIVING EXPERIENCE						
COMMANDING OFFICER'S NAME (LAST, FIRST, MIDDLE) TELEPHONE			NE NUM	BER				
SIREEL	ADDRESS							
CITY		STATE	ZIP CODE		EMAIL ADDRESS	;		
SERVICE	MEMBER'S DATE OF QUALIFICATION: FROM		то					
SERVICE	MEMBER'S NAME				ATION DATE (US tor Identification Ca			;
Circle	he highest class of vehicles the service member	has been driving:						
Class	Vehicle Description	EXAMPLE O	F VEHICI	ES IN	GROUP			
	* 5 th WHEEL - Truck Tractor/Semitrailer							
Α	Any combination of vehicles with a GCWR o	f 🚚						
	26,001 or more pounds provided the GVWR	AND DESCRIPTION OF THE PERSON			AA 1		AA	
	of the vehicle(s) being towed is in excess of 10,000 pounds.	0 000 0000	0	-	99		99	
	* PINTLE HOOK - Truck Trailer Combination	1						
Α	Any combination of vehicles with a GCWR o	of A						
	26,001 or more pounds provided the GVWR							
	of the vehicle(s) being towed is in excess of 10,000 pounds.							
В	Any single vehicle with a GVWR of 26,001 o more pounds or any such vehicle towing a							
	vehicle not in excess of 10,000 pounds	00 00						
	GVWR.							
The ve	hicle the service member operates is equipped w	vith a full air brake system :				YES		NO
The vehicle the service member operates is equipped with an air-over-hydraulic braking system:						YES		NO
The ve	hicle the service member operates is a bus (16 o	r more passengers)				YES		NO
The tra	nsmission in the vehicle the service member ope	rates is:	☐ AUT	OMATI	С 🗆	MANU	AL	
comme to my l	that the service member named on the front of ercial motor vehicle, the service member's driving anowledge, information and belief. I also certify the general powers of a notary public. Author	g experience has been verified; and the hat I am an officer of the Armed Forces	informati with the a	on pro authori	vided herein i ity to adminis	is true a ter oaths	nd co	
	OMMANDING OFFICER'S NAME	•			ANK			
SIGNATI	IRF			l D	ATE			
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348) the D	CDL skills test waiver request form and do should be mailed to MassDOT , RMV Div river Licensing department at 857-368-08 e or email notification.	ision, Driver Licensing, PO Box	55889, I	3osto	n, MA 0220)5 , or fa	axed	to
RMV	Use Only: ☐ Approved	□ Denied						
	Name	Signature			Date	٥		