



COMMERCIAL DRIVER TRAINING MILITARY CERTIFICATE APPLICATION

DATE RECEIVED

Last Name _____ First _____ Middle Initial _____

Address _____

City _____ County _____ State _____ Zip Code _____

Contact Telephone Number: _____

Date of Birth _____ Sex: Male Female

Driver license number: _____ State of Issue _____

Branch of Service: USA USN USMC USAF USCG

Military Specialty Code: _____

Veteran - Record of Discharge (DD Form 214 attached)

Honorably Discharge

Discharge less than one year Date of Discharge: _____

Military Drivers Training Record i.e. DA Form 348, 348-E, 5384-E

Academic Registry Transcript (AARTS, SMARTS, Air Force College) or Verification of Military Experience and Training (VMETS) DD Form 2586

Other military training records (type of document) _____

***** FOR OFFICE USE ONLY *****

Has successfully completed a military training course equivalent to the commercial driver training course approved by the Department of Licensing for:

Class A (160 hours) Class B (48 hours) Class C (36 hours) vehicles. (WAC 308-100-033)

Military Training Facility: _____

Course Start Date _____ Course Completion Date _____

Month / Day / Year

Has not successfully completed a military training course equivalent to the commercial driver training course approved by the Department of Licensing (*letter of explanation attached*)

DATE ISSUED		CERTIFICATE #	
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AUTHORIZED BY: _____