- CD	L –					CDL DA	TA	FORM	1								_	- CDL -
									Dat	te of Bir	_				Soci	al Secu	rity N	lumber
COMF	PLETE	INFO	RMATION	N BELOW	/ – PL	EASE PRIN	IT	Month	-	Day		Ye	ar					
LAST NA	ME					FIRST NAME			<u> </u>					MID	DLE II	NITIAL	SUF	FIX
CURRENT RESIDENTIAL ADDRESS REQUIRED (Street addres.								Lam								L		
CURREN	I RESID	ENIIAL A	DDRESS REQI	UIRED (Street a	iddress o	r Route <u>and</u> P.O. Box)		CITY								STATE	ZIP	CODE
CURREN	T MAILIN	IG ADDRE	ESS (If different	from residential	address)			CITY								STATE	ZIP	CODE
COUNT		ENDER		GHT		WEIGHT		EYE		HAIR						RACE		
NUMBE	R	M	FT.	IN.		WEIGHT	_	COLOR	╁	COLOR	+	$\overline{\Box}$	BLACK		AME	RICAN INDIA	\N	OTHER
		☐ F											WHITE	=		N OR PACIF		HISPANI
						tat. 60-484.04,					<u>-</u>					- -	- -	
I am a	citizei	of the	United State	S	• • • • • • •	<u>OR</u>				• • • • • • • • • • • • • • • • • • • •	• • • •	• • • •		• • • •	•••	_Yes		_No
Lam	not a	citizen <i>o</i>	of the Unite	ed States b	ut do	have lawful sta	atus	and agree	to	provid	e v	alio	docu	mei	ntary	'		
evider	nce of s	such as o	outlined in 6	0-484.04												Yes	_	No
1																		
Pleas	se ansv	ver que	stions A1 <u>A</u>	<u>ND</u> A2.														
		-	•			r vehicle in wh		-	•	_								
						tor vehicle that ualification und											Yes	No
						te and that I do												
	State o	r jurisdi	ction													Y	es	No
	_					y to you (use c						_			_	y).		
						ral medical/vision of the real medical/vision of the real medical real real real real real real real re											Yes	No
						dical/vision requ		•							••••		168	No
													· - # / ······				Yes	No
														5 7	NI.			
						icate								• • • •			Yes	_No
						dical/vision req										_	_	
							•••••				• • • •				••••	_	Yes	No
			3 <u>OR</u> A4.								_							
						ercial or non-co										Y	ec	No
						ial or non-comr										1	_	110
																Y	es	No
	Please Please	list Stat	e(s): other names	vou were k	known	as while holdin	ng tho	se license	(s):	•								
				,				,										
Please	e answ	er the fo	ollowing mo	otor voter/v	eterar	n designation/o	rgan	and tissu	ie d	lonation	qu	ıest	tions (ans	wers	are opt	ional).
1A.	Do yo	ı wish t	o register to	vote as pa	rt of tl	his application	proce	ess? (You	on	ily need	to	re-	registe	er if	`you			
						al party)											Yes	No
						olayed on the from the eligible you												
	Vetera	ns' Affa	irs Registry))	`			•					•			`	Yes	No
2.	Do you	ı wish to	be an orgai	n and tissue	donor	?	•••••				• • • •	• • • •		• • • •			Yes	No
3.	Do you	ı wish to	receive any	y additional	specif	ic information r	regard	ding organ	n an	nd tissue	doı	nat	ion?				Yes	No
4.	Do you	ı wish to	donate \$1 t	to promote t	the Org	gan and Tissue l	Dono	r Awaren	ess	and Edu	ıcat	tior	Fund	?			Yes	No
You n	nust an	swer th	e following	medical qu	uestion	ıs if you answe	red "	'Yes" to q	que	stions B	or	D	above	. <u>D</u>	O N	OT		
answe	r the f	ollowing	g questions	if you answ	vered '	"Yes" to questi	ions 1	A or C ab	0V	e.								
			in the last the in the last the including th			due to diabetes	s, epi	lepsy, mer	ntai	l illness,	he	ad	injury,	, str	oke,			
	A.	lost vol	untary contr	rol or consci	iousne	ss (date: des of dizziness				_)							Yes	No
						des of dizziness												No No
)												No
_	E.	impairr	nent of men	nory, memo	ry loss													No
		u experi ment of:		ondition wh	nich af	fects your abili	ity to	operate :	a n	notor ve	hic	ie	due to	los	s or			
	A.	foot/leg	j														Yes	No
	B.	upper b	ody strength	h												. —	Vec	No.

C. range of motion/mobility....

D. hand/arm...
E. neurological/neuromuscular disease...

7. Since the issuance of your last license/permit, has your health or medical condition worsened?

No

No _No

_No

_Yes

_Yes

_Yes