



# Motor Vehicle Division

## COMMERCIAL DRIVER LICENSE APPLICATION

40-5124 R12/11 www.azdot.gov

Type:  Class A  Class B  Class C  Class D  Class M  Instruction Permit  Nonresident  
You are required by ARS 28-3158(D)(5), 28-3165(F) and 42 USC 405(c)(2)(C) to provide your Social Security Number. It will be used to verify your identity and to comply with federal and state child support enforcement laws. It will not be used as your license number. **Must show a valid Social Security card at time of application.**

Social Security Number		Applicant Name (first, middle, last, suffix)			
Residence Street Address		City	State	Zip	
Mailing Address (if different from above; PO Box must be in county you reside)		City	State	Zip	

Street  Mailing Which address do you want to appear on your license?

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight	Height	Eye Color	Hair	Date of Birth
Current Driver License Number	Name on Current Driver License or ID (if different from above)		State/Country of Domicile <input type="checkbox"/> Out of State Student		
Class <input type="checkbox"/> Operator <input type="checkbox"/> Motorcycle <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Identification Card			State	Issue Date	Expiration Date
States Where You Held Any Type of Driver License in the Last 10 Years (CFR 49 Section 384.206)				Alien Registration # (HazMat applicants only)	

Yes  No Has your driving privilege **ever** been suspended, disqualified, canceled, denied or revoked?

If Yes:	States	Dates	Reasons
---------	--------	-------	---------

Yes  No Is your driving privilege **now** suspended, disqualified, canceled, denied or revoked?

Yes  No Do you have a license from more than one state or jurisdiction?

My vehicle is registered in another state (indicate which state):

I am active duty military or family member.

I want to show a medical alert condition on my license (must submit physician or registered nurse practitioner statement).

I also want this alert maintained on my permanent computer record. (If not checked, when you reapply or request a duplicate, the alert will not appear on your license unless you resubmit a physician or registered nurse practitioner statement.)

I consent to the release of personal information contained in my driver license and vehicle record. I understand that this is **not** a one-time consent that applies only to a specific individual or organization, but is instead a general consent that applies to all requests from any and all individuals or organizations for any purpose, until revoked by me in writing. Consent for a vehicle record applies to all owners.

Yes  No Do you have a visual, physical or psychological condition, alcohol/drug dependency or are you taking any medications that could affect your ability to drive?

Please Explain

Yes  No Have you ever been determined to be incapacitated by a court?

Yes  No Are you a United States citizen who wishes to register to vote or update your existing voter registration?

I want to be placed on the permanent early voting list and receive an early ballot by mail for each election I am eligible.

I want to be an organ and tissue donor. By checking this box, Donor Network of AZ will add me to the Donate Life AZ Registry.

Non-expected **Interstate**: I certify that I operate, or expect to operate, in interstate commerce and that I meet the qualifications under 49 CFR 391. I understand that I am required to obtain a medical examiner's certificate according to 49 CFR 391.45.

Non-expected **Intrastate**: I certify that I operate in intrastate commerce and therefore am subject to Arizona driver qualifications. I understand that I am required to obtain a medical examiner's certificate according to 49 CFR 391.45.

I certify that the information above is true and correct. I understand that I must report a change of address or name to MVD within 10 days. I understand the laws, rules and regulations described in the Arizona Commercial Driver License Manual, and that I must report to MVD in writing, within 10 days, any medical condition that develops or worsens that may affect my ability to safely operate a motor vehicle.

**Male Applicants Under 26:** By submitting this application, I consent to registration with the Selective Service System if I am required to register under federal law.

**Voter Registration:** I certify that I am not a convicted felon or my civil rights have been restored, and that I have not been adjudicated incompetent. I certify that I am a United States citizen. Submitting a false voter registration is a Class 6 felony. Your decision to register to vote or not, and where you submitted your application, will remain confidential.

Applicant Signature			
Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires

**MVD USE**

Medical Observations						Medical Certificate Expires	MVD Agent	
Birth Certificate State/Control #		Tribal CIB #		Citizenship/Immigration Type/Form #		Social Security #		BRC Date
State	Driver License/ID Card #	Issue Date	Exp. Date	Credit Card		Issuing Institution		Exp. Date
Additional Documents							MVD Agent	

**Visual Acuity**

**Visual Field**

Right 20/ <input type="checkbox"/> Blind	Left 20/ <input type="checkbox"/> Blind	Both 20/	Right °	Nasal-Right °	Left °	Nasal-Left °	<input type="checkbox"/> Corrective Lens	MVD Agent
---	--	-------------	------------	------------------	-----------	-----------------	--	-----------

**Rules of the Road**

**Other**

1st	Date	Series	Grade	MVD Agent	Date	Series	Air Brk	Comb	H	M	N	P	S	T	MVD Agent
	Date	Series	Grade	MVD Agent	Date	Series	Air Brk	Comb	H	M	N	P	S	T	MVD Agent
	Date	Series	Grade	MVD Agent	Date	Series	Air Brk	Comb	H	M	N	P	S	T	MVD Agent

**General Knowledge**

**Road/Skills Test**

1st	Date	Series	Grade	MVD Agent	Date	VIT	BCST	RT	MVD Agent
	Date	Series	Grade	MVD Agent	Date	VIT	BCST	RT	MVD Agent
	Date	Series	Grade	MVD Agent	Date	VIT	BCST	RT	MVD Agent

**Automatic Failure Codes**

A--No seat belt use	Office	Examiner Userid
B--Moving violation, or disobeyed signs or signals	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> IP	
C--Did not yield to pedestrians, other road users, etc.	Type <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> E <input type="checkbox"/> D <input type="checkbox"/> W	
D--Drove vehicle over sidewalks or curbs (unnecessarily)	Endorsement <input type="checkbox"/> H <input type="checkbox"/> X <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> M	
E--Immediate rejection for using unsafe vehicle	Fees	Transaction #
F--Avoidable crash or incident	Comments	
G--Driver forced examiner to take physical action or control of vehicle	.....	
H--Failure to stop at RR crossing when required, or blocking tracks	.....	
I--Shifting gears while crossing RR tracks	.....	
J--Other (see Comments)	.....	
K--Air/hydraulic brake test failure	.....	

Validation