

STATE OF HAWAII APPLICATION FOR COMMERCIAL DRIVER'S LICENSE

(Print carefully - use ink or ball point pen)

D/L USE ONLY
Verified By: _____
Date: _____

CHECK TRANSACTION REQUESTED	<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> INSTRUCTION PERMIT (Duplicate, Renewal)	<input type="checkbox"/> ENDORSEMENT
	<input type="checkbox"/> LICENSE RENEWAL	<input type="checkbox"/> DUPLICATE (Temporary, Lost, Name, Change/Address)	<input type="checkbox"/> UPGRADE
	<input type="checkbox"/> OUT OF STATE TRANSFER	<input type="checkbox"/> REINSTATEMENT	

SOCIAL SECURITY NUMBER - - -	DATE OF BIRTH MO. DAY YEAR	PLACE OF BIRTH	DAYTIME TELEPHONE NUMBER
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NAME (Last, First, Middle)

MAILING ADDRESS (Street or P.O. Box, City, State, Zip Code)	HOME ADDRESS (Street, City, State, Zip Code)
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HEIGHT FT.	IN.	WEIGHT LBS.	HAIR COLOR	EYE COLOR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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OCCUPATION	BUSINESS ADDRESS
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CURRENT DRIVER'S LICENSE (Number, Issuing State)

MARK THE BOXES FOR CLASS OF LICENSE AND ENDORSEMENTS YOU NEED:

Class: A B C
 Endorsements: T P N H X S

Air Brakes: Yes No
 Combinations: Yes No

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX.

	YES	NO
1. Do you wish to be an organ donor? If yes, initial here: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an advance healthcare directive?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you wear contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you meet the requirements listed in 49 CFR Part 383?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you meet the requirements listed in 49 CFR Part 391?	<input type="checkbox"/>	<input type="checkbox"/>
Check the type of driving you expect to perform. For an explanation of each driving operation, see back of this form.		
<input type="checkbox"/> Non-excepted interstate	<input type="checkbox"/> Non-excepted intrastate	
<input type="checkbox"/> Excepted interstate	<input type="checkbox"/> Excepted intrastate	
6. Is the testing vehicle representative of the vehicle you plan to operate?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a driver's license from more than one state or licensing jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any part of your driving privileges been suspended, revoked, refused, or cancelled by any state, jurisdiction or the federal government?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give date and briefly explain: _____		
9. Are you disqualified from operating a commercial vehicle by any state, jurisdiction or the federal government?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give date and briefly explain: _____		

HRS 286-III mandates disclosure of my social security number for the application of a driver's license or instruction permit. My social security number is used to confirm my identity and maintain my license and driving records.

I agree to submit to a chemical test or tests of my blood, breath or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a police officer acting in accordance with Section 286-243, Hawaii Revised Statutes.

I, the undersigned do hereby certify that the above statements are to the best of my knowledge true and that the vehicles I drive are representative of the class marked above.

APPLICANT'S SIGNATURE: _____ DATE: _____

EXAMINER'S SIGNATURE _____ STATION # _____ DATE _____

D/L USE ONLY

Restrictions:	Explanation
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Declaration of Name Change - From: _____ To: _____	Thumbprint
Correction of Birth Date - From: _____ To: _____	
Change of Social Security # - From: _____ To: _____	

Notes: _____

FEDERAL REQUIREMENTS FOR CDL APPLICANTS

Note: Federal regulations are at <http://www.fmcsa.dot.gov/rules-regulations/rules-regulations.htm>

The information below will help you answer question number 4, "Do you meet the requirements listed in 49 CFR Part 383?"

On or after January 30, 2012, you must certify that you operate or expect to operate in one of the following: *Non-excepted interstate* commerce and is subject to and meets the qualification requirements in 49 CFR 391 and is required to obtain a medical examiner's certificate.

Excepted interstate commerce but engages exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.c, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391 but must have a valid medical examiner's certificate required by Hawaii state law (HRS 286-236).

Non-excepted intrastate commerce and must have a valid medical examiner's certificate required by Hawaii state law (HRS 286-236).

Excepted intrastate commerce but engages exclusively in transportation or operations excepted from all or parts of the Hawaii driver qualification requirements, but must have a valid medical examiner's certificate required by Hawaii state law (HRS 286-236).

The information below will help you answer question number 5, "Do you meet the requirements listed in 49 CFR Part 391?"

What is 49 CFR Part 391? It is Part 391 of the Federal Motor Carrier Safety Regulations, which sets minimum qualification standards for persons who drive commercial motor vehicles.

You can answer YES to this question, certifying that you do comply with the federal requirements set forth in 49 CFR Part 391, ONLY IF you have a valid Medical Examiner's Certificate and can answer "yes" to ALL FIVE of the questions below.

1. Are you at least 21 years old?
2. Can you read and speak the English language well enough to:
 - Converse with other people,
 - Understand highway traffic signs and signals in the English language,
 - Answer questions from officials, and make entries on reports and records?
3. Have you had a physical examination within the past 24 months that was conducted in accordance with Part 391, "Physical Qualifications and Examinations"?

To meet Part 391 requirements, your medical examiner should perform the physical examination according to USDOT's Medical Examination Report, which can be downloaded from the USDOT website at: <http://www.fmcsa.dot.gov/documents/safetyprograms/Medical-Report.pdf>.
4. Were you issued a "Medical Examiner's Certificate" certifying that you are physically qualified to drive a commercial motor vehicle and is the certificate still valid (not expired)?

You must present a photocopy of your certificate to prove you meet this standard when applying for your CDL
5. Do you affirm that you are not currently disqualified to drive a commercial motor vehicle due to a license/permit suspension, revocation, denial of privilege, or as the result of a conviction for a felony involving the use of a motor vehicle?

If you cannot answer YES to all five questions or you do not have a valid Medical Examiner's Certificate, then you must mark the box for 'no', meaning you do not meet the federal requirements.