

STATE OF HAWAII APPLICATION FOR COMMERCIAL DRIVER'S LICENSE

FOR OFFICE USE ONLY

Verified By: _____

Date: _____

(Print carefully – use ink or ball point pen)

CHECK TRANSACTION REQUESTED

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> INSTRUCTION PERMIT | <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"/> REINSTATEMENT |
| <input type="checkbox"/> OUT OF STATE TRANSFER | | |

SOCIAL SECURITY NUMBER	DATE OF BIRTH: MO. DAY YEAR	PLACE OF BIRTH	DAYTIME TELEPHONE NUMBER
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NAME (Last, First, Middle)	Address to be printed on license Mailing Address: <input type="checkbox"/> Principle Residence Address: <input type="checkbox"/>
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MAILING ADDRESS (Street and Apt. or House No. or P.O. Box, City, State, Zip Code)	HAWAII PRINCIPAL RESIDENCE ADDRESS (Street and Apt. or House No., City, State, Zip Code)
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HEIGHT FT.	IN.	WEIGHT LBS.	HAIR COLOR	COLOR EYES	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	IS THIS YOUR STATE OF DOMICILE? <input type="checkbox"/> Yes
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OCCUPATION	BUSINESS ADDRESS	CURRENT DRIVER'S LICENSE (Number, Issuing State)
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MARK THE BOXES FOR CLASS OF LICENSE AND ENDORSEMENTS YOU NEED:

- Class: A B C Air Brakes: Yes No
- Endorsements: T P N H X S Combinations: Yes No

ANSWER THE FOLLOWING QUESTION BY CHECKING THE APPROPRIATE BOX:

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

HRS 286-III, HAR 19-122-1, 19-122-3, 19-122-23 and 19-122-302 mandate 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, under the penalty of perjury (HRS 286-111), that the above statements are to the best of my knowledge true and correct. I, the undersigned, also certify that the vehicles I drive or plan to drive are representative of the class marked above (49 CFR 383.73(b)(2)).

APPLICANT'S SIGNATURE: _____ DATE: _____

EXAMINER'S SIGNATURE

STATION #

DATE

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Restrictions:	<u>Explanation</u>	Thumbprint
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Declaration of Name Change – From: _____ To: _____		
Correction of Birth Date – From: _____ To: _____		
Change of Social Security # – From: _____ To: _____		
Notes: _____		

FOR THOSE WHO SELECT “YES” ON QUESTION NUMBER 3

The information below will help you answer question number 3: “Do you wish to have a Veteran designation?”

If you wish to add this designation to your license, please be ready to present one of the following documents (which reflect a discharge from uniformed services other than dishonorable):

DD Form 214 (Certificate of Release or Discharge from Active Duty)	NGB Form 22 (National Guard Report of Separation from Active Duty)	Prior to January 1, 1950 – WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD, NAVCG 553
Discharge Certificate reflecting characterization of discharge	Verification letter issued by the Veterans Administration	Verification letter issued by the Office of Veterans Services
Military Retiree Identification Card (DD Form 2, Retired)	DD Form 217 (Certificate of Service)	Official Military Orders

FEDERAL REQUIREMENTS FOR CDL APPLICANTS

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

The information below will help you answer question number 5: “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), 391.2, 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 6: “Do you meet the requirements listed in 49 CFR Part 391?”

49 CFR Part 391 is part of the Federal Motor Carrier Safety Regulations, which sets minimum qualification standards for persons who drive commercial motor vehicles. You can answer YES to question 5, certifying that you do comply with the Federal requirement set forth in 49 CFR 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:
 - a. Converse with other people,
 - b. Understand highway traffic signs and signals in the English language,
 - c. 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 Subpart E of 49 CFR 391, “Physical Qualifications and Examinations”?

To meet the requirements of the above, your medical examiner must be a member of the National Registry of Certified Medical Examiners (<https://nationalregistry.fmcsa.dot.gov>) and must perform the physical examination according to USDOT’s Medical Examination Report Form, which can be downloaded from the USDOT website at:

http://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/docs/Medical_Examination_Report_for_Commercial_Driver_Fitness_Determination_649-F%286045%29.pdf

4. Were you issued a “Medical Examiner’s Certificate” certifying that you are physically qualified to drive a commercial motor vehicle? What is the certificate expiration date? 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 “no”, as you do not meet the Federal requirements.