♡ **Talk to your family about your organ donor decision.**

STATE OF NEW HAMPSHIRE
DIVISION OF MOTOR VEHICLES
COMMERCIAL DRIVER LICENSE APPLICATION

(PRINT CAREFULLY)

☐ ORIGINAL ☐ RENEWAL ☐ DUPLICATE ☐ REPLACEMENT

Reason: _____

Are you a United States Citizen? ☐ Yes ☐ No

NAME _____
FIRST MIDDLE LAST

MAILING ADDRESS _____

TOWN/CITY STATE ZIP

PERMANENT ADDRESS _____

TOWN/CITY STATE ZIP

S.S. # * ___ - ___ - ___ DATE OF BIRTH ___ / ___ / ___ (MONTH DAY YEAR) SEX _____

HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

Check Here ♡ To Consent to Organ & Tissue Donation pursuant to RSA 263:41

Donation information will be provided to federally-designated organizations so that your decision to donate may be honored.

A -	Combination of Vehicles	$60.00
B -	Single Vehicles weighing 26,001 lbs. or more	$60.00
C -	Single Vehicles weighing 26,000 lbs. or less, or a bus designed to transport 16 or more occupants or hazardous materials	$60.00
H -	Hazardous Materials (Requires TSA Fingerprint Clearance)	$10.00
N -	Tank Vehicles	$10.00
P -	Passenger Vehicles (16 or more occupants)	$10.00
S -	School Bus	$10.00
T -	Double / Triple Vehicles	$10.00
M -	If you hold a current OUT-OF STATE license that includes a motorcycle endorsement and wish to retain this privilege	$90.00
M -	If you hold a current NEW HAMPSHIRE license that includes a motorcycle or motor driven cycle endorsement and wish to retain this privilege	$ 5.00

Is the vehicle you currently operate or intend to operate equipped with air brakes? Yes ☐ No ☐

DMV USE ONLY:

PAYMENT METHOD: CASH ☐ CHECK* ☐ CREDIT CARD ☐

*Make check payable to NH-DMV

DSMV 312 (Rev.05/09)

CERTIFICATIONS

Are you a resident of the state of New Hampshire? (As a resident you may be liable for the Interest and Dividends Tax (RSA 77). Contact Dept. of Revenue Admin., 45 Chenell Drive, Concord, 03301 (603) 271-2191).	Yes ☐ No ☐
Have you paid all New Hampshire Resident Taxes for which you are liable?	Yes ☐ No ☐
Do you have any physical or mental handicaps which are detrimental or would incapacitate you from holding a license?	Yes ☐ No ☐
Is your license and / or operating privileges to drive a motor vehicle or commercial motor vehicle under default, suspension or revocation, in this or any other state or country?	Yes ☐ No ☐
Have you been disqualified from operating ***any*** motor vehicle within the past two (2) years?	Yes ☐ No ☐
Are you required to file proof of insurance by any state/country as a result of a default, suspension, revocation or motor vehicle accident:	Yes ☐ No ☐
Do you meet the Federal Driver qualifications and requirements for interstate commerce (Federal Motor Carrier Safety Regulations, Part 391)?	Yes ☐ No ☐
During the two (2) years immediately prior to this application, have you at anytime held a valid commercial driver license ***OTHER*** than the one issued by the state of Primary Residence?	Yes ☐ No ☐
In the past two (2) years, were you involved in a motor vehicle accident which resulted in your violation of any local or state motor vehicle law?	Yes ☐ No ☐
I certify that the vehicle I am about to take the driving skills test in is representative of the type of vehicle that I am operating or expect to operate.	Yes ☐ No ☐
I am 18 years old and consent to registration with the Selective Service System, as required by Federal Law.	Yes ☐ No ☐
Do you wish to have only your mailing address appear on your driver license?	Yes ☐ No ☐
Do you wish to have your social security number displayed on your driver license?	Yes ☐ No ☐

1. My most recent license is/ was a Commercial Driver License	Yes ☐ No ☐
2. Class of License: _____	
3. Date of Expiration: _____ (Month Day Year)	
4. Name appearing on License: _____	
5. License / Identification Number: _____	
6. State or Country of Issue: _____	
7. List Restrictions appearing thereon: _____	
8. List all Endorsements appearing thereon: _____	
9. List all states you have held a license with for the last 10 years: _____	

SIGNATURE _____ DATE _____

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.