



State of New Hampshire Department of
Safety Division of Motor Vehicles
COMMERCIAL DRIVER LICENSE APPLICATION



I AM APPLYING FOR Opt-in Real ID Yes No

Original License/NH license in exchange for a license from another US State, the District of Columbia or Canadian Province or a US Territory. Renewal Duplicate Replacement Reason: _____

ENDORSEMENTS: (see below for fee structure): H N P S T M

IDENTIFICATION INFORMATION PLEASE CHECK BOX IF MAILING AND LEGAL ADDRESS ARE THE SAME.

FIRST NAME (required) MIDDLE (required) LAST NAME (required) SUFFIX (Sr., Jr., etc.)

STREET APT. # CITY OR TOWN STATE ZIP CODE

ADDRESS WHERE YOU GET YOUR MAIL (required)

STREET APT. # CITY OR TOWN STATE ZIP CODE

ADDRESS WHERE YOU LIVE (required)

MONTH DAY YEAR MALE FEMALE OTHER FEET INCHES POUNDS

DATE OF BIRTH (required) GENDER HEIGHT WEIGHT EYE COLOR HAIR COLOR

SOCIAL SECURITY INFORMATION (required) TELEPHONE NUMBER (OPTIONAL) E-MAIL ADDRESS (OPTIONAL)

Are you a United States Citizen? YES NO

My most recent license is/was a Commercial Driver License YES NO

Class of License: _____ Date of Expiration: ____/____/____

Name appearing on License: _____ License / Identification Number: _____

State or Country of Issue: _____ List Restrictions/Endorsements Appearing thereon: _____

List all States you have held a license with for the last 10 years: _____

OPTIONAL Check if applicable

I wish to have my legal address printed on the back of my CDL license.

I wish to add the Veteran Indicator.
(additional documents required)

FEE SCHEDULE Make checks payable to: State of NH - DMV

| CODE | TYPE | FEE | CODE | TYPE | FEE |
|------|---|---------|------|--|---------|
| A | Combination of Vehicles | \$60.00 | P | Passenger Vehicles (16 or more occupants) | \$10.00 |
| B | Single Vehicles weighing 26,001 lbs or more | \$60.00 | S | School Bus | \$10.00 |
| C | Single Vehicles weighing 26,000 lbs or less, or a bus designed to transport 16 or more occupants or hazardous materials | \$60.00 | 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 | \$30.00 |
| CLP | Commercial License Permit | \$20.00 | 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 |
| H | Hazardous Materials (Requires TSA Fingerprint Clearance) | \$10.00 | | | |
| N | Tank Vehicles | \$10.00 | | | |

CHECK HERE TO SAVE A LIFE By checking this box, you 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.

SIGN HERE _____ **DATE** _____

By signing above, I certify that I have paid all resident taxes or Interest and Dividends Tax (RSA 77) for which I am liable, and, if required, insurance certificates are on file with the Director of Motor Vehicles. My driving privileges are not subject to or under disqualification, suspension or revocation by any jurisdiction (does not apply to non-driver ID). This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

FOR DMV USE ONLY Vision Test with CL without CL

Payment Method: CASH CHECK CREDIT CARD MONEY ORDER

CERTIFICATIONS

Are you a resident of the state of New Hampshire and have you paid all New Hampshire Resident Taxes for which you are liable? (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

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 any time 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

Is the vehicle you currently operate or intend to operate equipped with air brakes?

YES NO

• **Interstate non-excepted:** You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements (e.g. - you are "not excepted").

YES NO

• **Interstate excepted:** You are an Interstate excepted driver and do not have to meet the Federal DOT medical card requirements.

YES NO

• **Intrastate non-excepted:** You are in Intrastate non-excepted driver and are required to meet the medical requirements for your State.

YES NO

• **Intrastate excepted:** You are an Intrastate excepted driver and do not have to meet the medical requirements for your State.

YES NO

NOTE: If you are renewing a Hazardous Material Endorsement, it is recommended that you begin the TSA clearance process 120 days prior to your license expiration. The DMV must have received clearance notification from TSA directly before you can begin the Hazmat renewal process. You must pre-register at: www.tsa.gov/for-industry/hazmat-endorsement or call 1-855-347-8371.