



Driver Certification for Issuance of a Commercial Driver's Permit or License



Any falsification of required information may result in the immediate cancellation of the Applicant's CDL and any CDL Endorsements and may result in prosecution.

Applicant Information

Applicant's Full Legal Name (Last, First, Middle)

Social Security Number

Driver's License Number

Applicant Certification

- I certify that the Commercial Motor Vehicle in which I will take my skills tests is representative of the type of motor vehicle I will operate or expect to operate, or representative of the Endorsement for which I have applied.
- I certify that I am not subject to any license disqualification, suspension, revocation, or cancellation under state law and that I do not have a non-commercial or commercial driver license from more than one state or jurisdiction.
- I certify that my current CDL driver category is as indicated below (check the one that applies).

<input type="checkbox"/> NI – Non-Excepted Interstate I am an interstate driver, and I am required to meet the Federal DOT medical card requirements.	<input type="checkbox"/> NA – Non-Excepted Intrastate I am an intrastate driver, and I am required to meet the medical requirements of the State of New Mexico.
<input type="checkbox"/> EI – Excepted Interstate I am an interstate driver, and I do not have to meet the Federal DOT medical card requirements.	<input type="checkbox"/> EA – Excepted Intrastate I am an intrastate driver, and I do not have to meet the medical requirements of the State of New Mexico.

I certify that within the past ten (10) years, I have been previously licensed in the following state(s) to drive any type of motor vehicle. List states, from the most current to the least current.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Applicant's Signature

Date