



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

Division of Motor Vehicles

P.O. Box 17010
5707 MacCorkle Avenue, Southeast
Charleston, West Virginia 25317-0010
(304) 926-3801 Fax (304) 926-3890 (800) 642-9066

Military Application/Waiver Of Skills Test

Name _____

Verification of Documentation

Address _____

Valid Driver's License

City/State/Zip _____

DOT Long Form Physical

Date of Birth _____

DD214 Showing Honorable Discharge no greater than for 6 months prior to application.

License # _____

Letter from Commanding Officer specifying type and classes of CMV operated and specifying this was applicant's primary job.

Social Security # _____

Completed CDL-1 application and appropriate test and application fees for the written test.

Check All That Apply:

- ___ A ___ Passenger
___ B
___ C

I hereby certify during the two-year period immediately preceding this application:

- I have not had my driver's license suspended, cancelled, or revoked within the preceding 5 years
 I have not had any convictions for any type of motor vehicle for the disqualification offenses contained in Title 49 CFR 383.51(b).
 I have not had more than one conviction for any type of motor vehicle for a serious traffic violation contained in Title 49 CFR 383.51 (b)
 I have not had any conviction for a violation of State or local law relating to motor vehicle traffic control (other than a parking violation) in connection with any accident, and have no record of an accident in which I was at fault.
 I have been regularly employed in a job requiring the operation of a CMV while on Active Duty and that I have operated a CMV for at least 2 years that is representative of the vehicle I expect to operate.

Check each statement above as it applies to you and sign below that you certify the above statements are all true and correct under the penalty of perjury.

Signature _____

Date _____

Approved by: _____

Date _____