



Louisiana Department of Public Safety
Office of Motor Vehicles
CDL Supplemental Form (DPSMV2211)

Full Name (Last) (First) (Middle)

Mailing Address

City/State/Zip

Date of Birth (Driver's License#/State Issued)

All CDL applicants, answer the following questions:

	Yes	No
1. Have you ever held a driver's license in this or any other state within the past 10 years? If yes, list the state/s? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a driver's license from more than one State or Jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your driving privileges currently or pending suspension, revocation, or cancellation under State law or disqualification under 49 CFR 383.51?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you meet the qualification requirements of 49 CFR 391?	<input type="checkbox"/>	<input type="checkbox"/>

5. You must self-certify as one of the following four types of commercial driver's:

Interstate non-excepted: You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements. In addition, La. R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's certificate.

Interstate excepted: You are an Interstate excepted driver and do not have to meet the Federal DOT medical card requirements, however, La R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's certificate.

Intrastate non-excepted: You are an Intrastate non-excepted driver and are required to meet the Federal DOT medical card requirements. In addition, La. R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's certificate.

Intrastate excepted: You are an Intrastate excepted driver and do not have to meet the Federal DOT medical card requirements, however, La R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's

I hereby certify that the motor vehicle in which I take/took the driving skills test is representative of the type of motor vehicle that I operate or expect to operate.

By my signature affixed below, I certify under penalty of law, that all statements on this application are true and correct.

Applicant's Signature

Date

Motor Vehicle Analyst Signature

Date