LOUISIANA DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS OFFICE OF MOTOR VEHICLES SUPPLEMENTAL FORM FOR CDL APPLICATION

Full Name	(last)	(first)	(middle)	
Mailing Addre	ess			
City/State/Zip		(DL#/State issu	(DL#/State issued)	
Date of Birth		SSN:		
All CDL applicants, answer the followi		following questions:	Circle one	
1) Have you ever held a driver license in past 10 years? If yes, list the state/s		license in this or any other state within the ne state/s?	Y / N	
2) Do you have a driver's license from more than one State or Jurisdiction?			Y / N	
3) Are your driving privileges currently or pending suspension, revocation, or cancellation under State law or disqualification under 49 CFR 383.51?			Y / N	
4) Do you me	et the qualification	on requirements of 49 CFR 391?	Y / N	
5) You must s	self-certify as one	of the following four types of commercial driv	ver's:	
the F comr	ederal DOT medi	red : You are an Interstate non-excepted driver cal card requirements. In addition, La. R.S. 32 have a valid physical examination form and m	:403.4 requires all	
the F	state excepted: ederal DOT medi	You are an Interstate excepted driver and do no cal card requirements, however, La R.S. 32:40 have a valid physical examination form and m	3.4 requires all	
requi 32:40	red to meet the Fe	ted: You are an Intrastate non-excepted driver ederal DOT medical card requirements. In addition ommercial drivers to have a valid physical exatters of the second	ition, La. R.S.	
the F comr	ederal DOT medi	You are an Intrastate excepted driver and do no cal card requirements, however, La R.S. 32:40 have a valid physical examination form and m	3.4 requires all	
-	y that the motor w that I operate or e	wehicle in which I take/took the driving skills te expect to operate.	est is representative of the type of	

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

Applicants signature

Date

MVCA signature

Date