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

_____

Full Name   (last)   (first)   (middle)

_____

Mailing Address

_____

City/State/Zip   (DL#/State issued)

_____

Date of Birth   SSN:

All CDL applicants, answer the following questions: Circle one

1) Have you ever held a driver license in this or any other state within the   Y / N
    past 10 years? If yes, list the state/s? _____

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 meet the qualification requirements of 49 CFR 391?   Y / N

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 certificate.

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.

_____   _____
Applicants signature   Date

_____   _____
MVCA signature   Date