



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR SKILLS TEST WAIVER
MILITARY EXCEPTION**

The Commercial Driver License (CDL) skills test waiver form may be used by service members who are currently licensed and who are or were employed within the last 12 months in a military position requiring the operation of a military motor vehicle equivalent to a Commercial Motor Vehicle (CMV). This waiver allows a qualified service member to apply for a CDL without skills testing. CDL knowledge (written) test(s) cannot be waived. **The transfer of School Bus (S) and / or Passenger (P) endorsements under this Waiver Program are prohibited.**

APPLICANT INFORMATION

| | | | | |
|--|--|-------|----------|------------------|
| NAME (LAST, MIDDLE, FIRST) | STATE / DRIVER LICENSE NUMBER (REQUIRED) | | | APPLICATION DATE |
| RESIDENCE ADDRESS (STREET) | CITY | STATE | ZIP CODE | COUNTY |
| MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP CODE | COUNTY |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Member or uniformed employee of the U.S. armed forces (on date of application)? <input type="checkbox"/> Yes <input type="checkbox"/> No Member of reserve components, including Ohio National Guard (on date of application)? <input type="checkbox"/> Yes <input type="checkbox"/> No Separated from service or employment with the armed forces within last 12 months? | | | | |

DRIVER RECORD CERTIFICATION

During the two year period immediately preceding this date:

Yes No Have you had more than one license (except for a military license)?

Yes No Have you had *any* license suspended, revoked, or cancelled in this or any state?

Yes No Have you had a conviction for an out-of-service order within the past ten years?

Yes No Have you had a conviction for an out-of-service order while transporting hazardous materials required to be placarded under the "Hazardous Materials Transportation Act," 88 Stat. 2156 (1975), 49 U.S.C.A. 1801, as amended, or while operating a motor vehicle designed to transport 16 or more passengers, including the driver?

Yes No Had more than one conviction for *any type of motor vehicle* in *any* jurisdiction for a serious traffic violation?

Have you been convicted of any violations described below in any type of motor vehicle?

Yes No Being under the influence of alcohol as prescribed by state law

Yes No Being under the influence of a controlled substance

Yes No Having an alcohol concentration of 0.04 or greater while operating a CMV

Yes No Refusing to take an alcohol test as required by a State jurisdiction under its implied consent laws or regulations as defined in 49 CFR 383.72

Yes No Leaving the scene of an accident

Yes No Using the vehicle to commit a felony (other than manufacturing, distributing, or dispensing a controlled substance)

Yes No Driving a CMV while your CDL is revoked, suspended, cancelled, or you are disqualified from operating a CMV

Yes No Causing a fatality through the negligent operation of a CMV (including motor vehicle manslaughter, homicide by motor vehicle, or negligent homicide)

Yes No Using the vehicle in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance

Have you had more than one conviction for any of the violations described below in any type of motor vehicle?

Yes No Speeding in excess of 15 mph or more above the posted speed limit

Yes No Driving recklessly, as defined by State or local law or regulation (including offenses of driving a motor vehicle in willful or wanton disregard for the safety of persons or property)

Yes No Making improper or erratic lane changes

Yes No Following the vehicle ahead too closely

Yes No Violating State or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with a fatal accident

Yes No Driving a CMV without obtaining a CDL

Yes No Driving a CMV without a CDL in the driver's possession

Yes No Driving a CMV without the proper class of CDL and / or endorsements for a specific vehicle group being operated or for the passengers or type of cargo being transported

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Violating a State or local law or ordinance on motor vehicle traffic control prohibiting texting while driving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Violating a State or local law or ordinance on motor vehicle traffic control restricting or prohibiting the use of a hand held mobile telephone while driving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you had any conviction for a violation of military, state or local law relating to motor vehicle traffic control (other than parking violation) arising in connection with any traffic accident and have no record of an accident in which you were at fault? |

CERTIFICATION OF DRIVING EXPERIENCE

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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you been regularly employed or were you regularly employed within the last 12 months in a military position requiring the operation of a military motor vehicle that was representative of a CMV? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Were you exempted from the CDL licensing requirements for driving a military vehicle on state roads and highways in accordance with 49 CFR §383.3 (c)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you operated a military motor vehicle representative of the commercial motor vehicle (CMV) that you operate or expect to operate, for at least the 2 years immediately preceding discharge from the military? |




I certify under penalty of perjury that the information on this form is true and correct to the best of my knowledge, information, and belief.

| | |
|---------------------------------|------|
| APPLICANT SIGNATURE X | DATE |
|---------------------------------|------|

COMMANDING OFFICER'S CERTIFICATION OF COMMERCIAL DRIVING EXPERIENCE

| | | | | | | |
|---|--|-----------------------------------|------|------------------|-----------------|---|
| COMMANDING OFFICER'S NAME (LAST, FIRST, MIDDLE) | | | | TELEPHONE NUMBER | | |
| STREET ADDRESS | | | CITY | STATE | ZIP CODE | COUNTY |
| APPLICANT'S NAME | | APPLICANT'S DATE OF QUALIFICATION | FROM | TO | EXPIRATION DATE | (US Gov't Motor Vehicle Operator Identification Card / License) |

Check the highest class of vehicles the service member has been driving:

| Class | Duration | Vehicle Description | Example of Vehicles in Group |
|----------------------------|---|---|--|
| <input type="checkbox"/> A | Indicate number of days driving this vehicle _____ | * 5th WHEEL - Truck Tractor / Semitrailer. Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds. |  |
| <input type="checkbox"/> A | Indicate number of days driving this vehicle _____ | * PINTLE HOOK - Truck Trailer Combination. Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds. |  |
| <input type="checkbox"/> B | Indicate number of days driving this vehicle _____ | Any single vehicle with a GVWR of 26,001 or more pounds or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR. |  |

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|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The vehicle the service member operates is equipped with a full air brake system: |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The vehicle the service member operates is equipped with an air-over-hydraulic braking system: |
| | | The transmission in the vehicle the service member operates is: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual |

I certify that the person named on the front of this document is / was assigned in a job / assignment requiring the operation of a commercial motor vehicle, the service member's driving experience has been verified; and the information provided herein is true and correct to my knowledge, information and belief. I also certify that I am an officer of the Armed Forces with the authority to administer oaths; and who has the general powers of a notary public.

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|--|------|
| PRINT NAME / RANK | DATE |
| COMMANDING OFFICER SIGNATURE X | DATE |