

STATE OF HAWAII APPLICATION FOR COMMERCIAL DRIVER'S LICENSE

D/L USE ONLY

Date: _____

(Print carefully - use ink or ball point pen)

DOC Verified

By: _____ D & T _____

CHECK ORIGINAL INSTRUCTION PERMIT (Duplicate, Renewal) ENDORSEMENT
 TRANSACTION LICENSE RENEWAL DUPLICATE (Temporary, Lost, Name, Change/Address) UPGRADE
 REQUESTED OUT OF STATE TRANSFER REINSTATEMENT

SOCIAL SECURITY NUMBER — —	DATE OF BIRTH MO. DAY YEAR	PLACE OF BIRTH	DAYTIME TELEPHONE NUMBER
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NAME (Last, first, Middle)

MAILING ADDRESS (Street or P.O. Box, City, State, Zip Code)

HOME ADDRESS (Street or P.O.Box, City, State, Zip Code)

HEIGHT FT. IN.	WEIGHT LBS.	HAIR COLOR	EYE COLOR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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OCCUPATION	BUSINESS ADDRESS
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CURRENT DRIVER'S LICENSE (Number, Issuing State)

MARK THE BOXES FOR CLASS OF LICENSE AND ENDORSEMENTS YOU NEED.

Class A B C
 Endorsements: T P N H X
 Air Brakes: Yes No
 Combinations: Yes No

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you wish to be an organ donor? If yes, initial here _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you wear contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you meet all the requirements contained in the federal regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a driver's license from more than one state or licensing jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any part of your driving privileges been suspended, revoked, refused or cancelled by any state, jurisdiction or the federal government?
If yes, give date and briefly explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you disqualified from operating a commercial vehicle by any state, jurisdiction or the federal government?
If yes, give date and briefly explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |

I agree to submit to a chemical test, or tests of my blood, breath or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a police officer acting in accordance with Section 286-243, Hawaii Revised Statutes.

I, the undersigned do hereby certify that the above statements are to the best of my knowledge true and that the vehicles I drive are representative of the class marked above.

APPLICANT'S SIGNATURE _____ DATE: _____

EXAMINER'S SIGNATURE _____

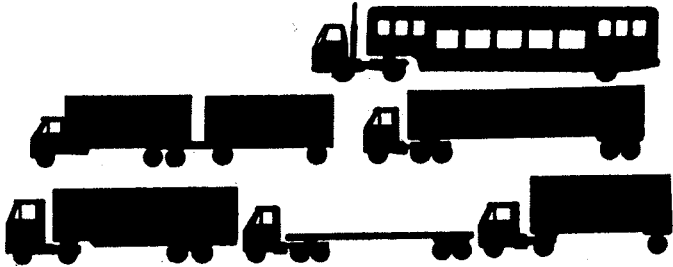
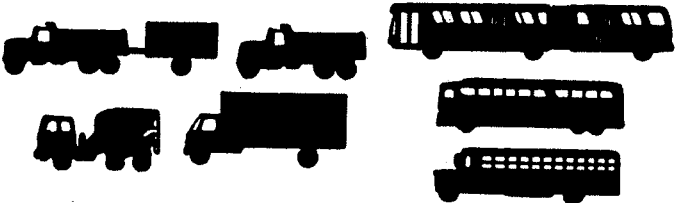

STATION # _____

DATE _____

D/L USE ONLY

HEARING: <input type="checkbox"/> Deaf <input type="checkbox"/> Poor <input type="checkbox"/> Good	Examiner Initials (Date)
VISION: ACUITY: With Correction: 20/ 20/ 20/ Without Correction: 20/ 20/ 20/	Examiner Initials (Date)
COLOR: <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Normal	Examiner Initials (Date)
Medical Screening: Requirements _____	Examiner Initials (Date)

COMMERCIAL DRIVER LICENSE CLASSES, ENDORSEMENTS AND RESTRICTIONS

<u>Class</u>	<u>Type of Vehicle</u>	<u>Examples</u>
A	Any combination of vehicles with a gross vehicle weight rating (GVWR) of 26,001 pounds or more when the trailer being towed has a GVWR over 10,000 pounds.	
B	Any single vehicle with a GVWR of 26,001 pounds or more, or any combination of this vehicle towing a trailer with a GVWR of 10,000 pounds or less.	
C	Any single vehicle or combination of vehicles that meets neither the definition of A or B and designed to carry 16 or more persons or used and placarded to carry hazardous materials.	

Endorsements

T - Double/Triple Trailers

P - Passenger Vehicles

N - Tank Vehicles

H - Hazardous Materials

X - Hazardous Materials and Tank Vehicles

Restriction

You must pass the air brakes knowledge and skills tests to drive vehicles equipped with air brakes.