



APPLICATION FOR MILITARY COMMERCIAL DRIVER LICENSE (CDL) EVEN EXCHANGE



The Commercial Driver License (CDL) for conversion of military truck/bus driving experience to CDL form may be used by service members possessing a valid Military drivers license that authorizes the holder to drive a military motor vehicle which is representative of the commercial motor vehicle (CMV) that they operate or expect to operate. This form allows a qualified service member to apply for a CDL without knowledge and skills testing.

APPLICANT INFORMATION

NAME (Last, First, Middle)		APPLICATION DATE		
BRANCH OF SERVICE	DATES OF SERVICE		MOS RATING	
RESIDENCE ADDRESS (STREET)	CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE	COUNTY
APPLICANT EMAIL		PHONE		

STATE DRIVER'S LICENSE INFORMATION

DRIVER LICENSE NUMBER	STATE	CDL Y/N	CLASS	EXPIRATION DATE
-----------------------	-------	---------	-------	-----------------

US GOVERNMENT/MILITARY DRIVER'S LICENSE INFORMATION

US GOV'T MOTOR VEHICLE OPERATOR ID CARD/LICENSE NUMBER	CDL CLASS EQUIVALENT	ENDORSEMENTS	EXPIRATION DATE
--	----------------------	--------------	-----------------

(CIRCLE ONE MOS/AFSC RATING ONLY)



88M / 14T / 92F



2T1 / 2F0 / 3E2



3531



EO

CIRCLE the highest class of vehicle the service member has been driving:

Class	Vehicle description	EXAMPLE OF VEHICLES IN GROUP
A	* 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.	
A	* 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.	
B	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.	

The vehicle the service member operates is equipped with a full air brake system:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The vehicle the service member operates is equipped with a air-over-hydraulic braking system:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The transmission in the vehicle the service member operates is:	<input type="checkbox"/> AUTOMATIC	<input type="checkbox"/> MANUAL

APPLICANT DRIVING RECORD

- YES NO I am/was regularly employed within the last year (12 months) in a military position requiring operation of a commercial motor vehicle; **AND**
- YES NO For at least 1 year immediately preceding this application date if actively serving, or preceding the date of my military discharge, I operated a vehicle representative of the CDL classifications I am applying for.

During the 1-year period immediately preceding the date of this application:

- 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

During the 1-year period immediately preceding the date of this application, have you been convicted of any violations described below in any type of motor vehicle?

- Being under the influence of alcohol as prescribed by state law? YES NO
- Being under the influence of a controlled substance as prescribed by state law? YES NO
- Operating a CMV with a blood alcohol content (BAC) of 0.04% or greater? YES NO
- Refusing a blood and/or breath test? YES NO
- Leaving the scene of an accident? YES NO
- Using the vehicle to commit a felony? 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? YES NO
- Using a vehicle to commit a felony involving a controlled substance? YES NO

Check the number of convictions you have received for each serious violation described below in any type of motor vehicle during the 1-year period immediately preceding the date of this application.

	NONE	1	2
• Speeding 15 or more miles per hour in excess of the posted speed limit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Driving recklessly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improper or erratic lane changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Following the vehicle ahead too closely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A violation in connection with a fatal traffic crash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Driving a commercial motor vehicle without obtaining a CDL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Driving a commercial motor vehicle without a CDL in your possession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Driving a commercial motor vehicle without the proper CDL class and/or endorsement for the specific vehicle group being operated or for the passengers or type of cargo being transported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Texting while operating a commercial motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Using a hand-held mobile phone while operating a CMV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Any offense while driving a CMV involving a railroad crossing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you had any conviction for a violation of military, state or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with a traffic accident or record of an accident in which you were at fault? YES NO

APPLICANT'S VERIFICATION OF COMMERCIAL DRIVING EXPERIENCE

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'S SIGNATURE _____	DATE _____
-----------------------------	------------

OFFICE USE ONLY

Date received: _____
 Approved Denied Approved Denied

Signature _____ Signature _____

Date _____ Date _____

- Class A B
- Endorsements N T P
- Restrictions E O Z



APPLICATION FOR MILITARY COMMERCIAL DRIVER LICENSE (CDL) EVEN EXCHANGE



APPLICANT INFORMATION		
APPLICANT NAME		DRIVER LICENSE NUMBER
COMMANDING OFFICER'S VERIFICATION OF COMMERCIAL DRIVING EXPERIENCE		
COMMANDING OFFICER'S NAME (LAST, FIRST, MIDDLE)		TELEPHONE NUMBER
MAILING ADDRESS		
CITY	STATE	ZIP CODE
COMMANDING OFFICER'S EMAIL ADDRESS		
<i>I certify that the service member 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.</i>		
PRINT COMMANDING OFFICER'S NAME/RANK		DATE
SIGNATURE		DATE

Authority of Article 136, Uniform Code of Military Justice or 10 U.S.C. 1044a

This Page Intentionally Left Blank



APPLICATION FOR MILITARY COMMERCIAL DRIVER LICENSE (CDL) EVEN EXCHANGE



REQUIRED DOCUMENTS

Document Category One

Documents from this category must be provided to CDL Unit before application determination is made.

- 1 Completed application
- 2 Military Operators Permit
 - Army has DA Form 5984-E
 - Air Force has AF Form 2293
 - US Navy and Marine Corps have form OF 346
- 3 Driver Qualification record
 - Army has DA Form 348, 348-1, and 348-E
 - Airforce has the Master driver record
- 4 Copy of Current Enlistment Contract and Military ID
 - Copy of DD form 214 or Discharge paperwork can be substituted
- 5 Copy of award order for MOS
- 6 Copy of Current State Issued Driver License

Please send completed packets to:
NMCDL.HelpDesk@state.nm.us
Or Fax (505) 476-1578

Document Category Two

Documents from this category must be provided at the time the CDL is issued.

- 1 Medical Examiners Certificate
 - The Medical Examiner must be listed on the FMCSA website on the National Registry of Medical Examiners.
<https://nationalregistry.fmcsa.dot.gov>
- 2 Driver Self-Certification Form
 - Form MVD11222
- 3 Copy of U.S. Birth Certificate, Certificate of U.S. Citizen Birth Abroad, U.S. Passport, or Permanent Resident Card. Proof of Social Security Number.
- 4 Two proofs of physical address from the list of approved documents.