



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
301 WEST HIGH STREET — ROOM 470
P.O. BOX 200
JEFFERSON CITY MO 65105-0200

PHONE: (573) 751-2730
FAX: (573) 522-8174
WEB SITE: www.dor.mo.gov

FORM
5140
(REV. 8-2007)

APPLICATION FOR MILITARY CDL SKILLS TEST WAIVER

The Commercial Driver License (CDL) skills test waiver form may be used by qualified active duty or retired military applicants. This waiver allows a qualified military applicant to apply for a CDL without skills testing. CDL knowledge (written) test(s) are not waived and must be submitted to the contract office along with this application.

APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE)		DRIVER LICENSE NUMBER		
RESIDENCE ADDRESS (STREET)	CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE	COUNTY

DRIVER RECORD CERTIFICATION

During the two years before today's date:

- Have you had more than one license? YES NO
- Has your license been suspended, revoked, cancelled or disqualified in this or any state? YES NO
- Have you been convicted of causing a fatality through the negligent operation of a commercial motor vehicle? YES NO
- Have you been convicted of using any vehicle in the commission of a felony involving the manufacturing, distributing or dispensing of a controlled substance? YES NO
- Have you been convicted of driving a commercial motor vehicle without a commercial license? YES NO
- Have you been convicted of driving a commercial motor vehicle without a commercial license in your possession? YES NO
- Have you been convicted of driving a commercial motor vehicle without the proper class and/or endorsements? YES NO
- Have you been convicted of driving while intoxicated, driving while under the influence of alcohol (includes BAC)? YES NO
- Have you been convicted of driving while under the influence of a controlled substance or refusal to submit to an alcohol test? YES NO
- Have you been convicted of leaving the scene of an accident? YES NO
- Have you been convicted of a felony involving a motor vehicle? YES NO
- Have you been convicted of speeding 15 or more MPH over the posted speed limit? YES NO
- Have you been convicted of careless and imprudent driving? YES NO
- Have you been convicted of following too closely? YES NO
- Have you been convicted of improper lane change? YES NO
- Have you been convicted of a violation in connection with a fatal accident? YES NO
- Have you been convicted of any state law or county or municipal ordinance relating to the operation of any type of motor vehicle in connection with an accident? YES NO
- Have you had more than one conviction for any type of motor vehicle for serious traffic violations? YES NO

CERTIFICATION OF DRIVING EXPERIENCE

Have you been regularly employed in a job requiring operation of a commercial motor vehicle and have operated the vehicle for at least sixty days during the two years immediately preceding this application for a commercial driver license? YES NO

Is the vehicle you have operated representative of the commercial motor vehicle you currently operate or expect to operate? YES NO

Select One That Applies:

- I have been honorably discharged from military service. I am providing proof of military service (a copy of Form DD214); a notarized statement specifying the types of commercial vehicles I am qualified to operate completed by my former commanding officer on the reverse of this form; and a copy of my military driving record.
- I am an active duty member of the Armed Forces. I am providing a notarized statement specifying the types of commercial vehicles I am qualified to operate completed by my commanding officer on the reverse of this form; and a copy of my military driving record.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE.

APPLICANT'S SIGNATURE

DATE (MM/DD/YYYY)

____ / ____ / ____

COMMERCIAL DRIVING EXPERIENCE CERTIFICATION (To be completed by commanding officer and notarized)

COMMANDING OFFICER NAME (LAST, FIRST, MIDDLE)

TELEPHONE NUMBER

(_____) _____ - _____

RESIDENCE ADDRESS (STREET)

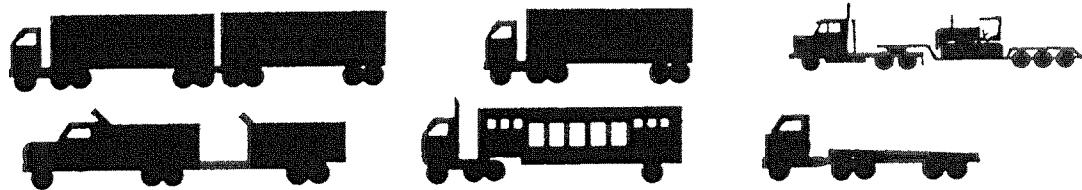
CITY	STATE	ZIP CODE	COUNTY
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I hereby certify the applicant named on the front of this form has operated the following commerical class vehicles a minimum of sixty days within the two years prior to this application.

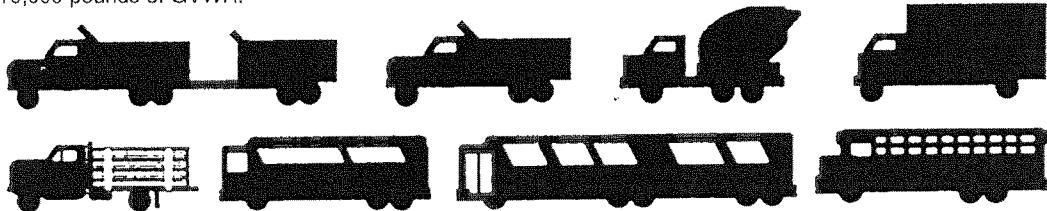
Mark the Boxes Below for the Classes of Vehicles Operated

 Class A

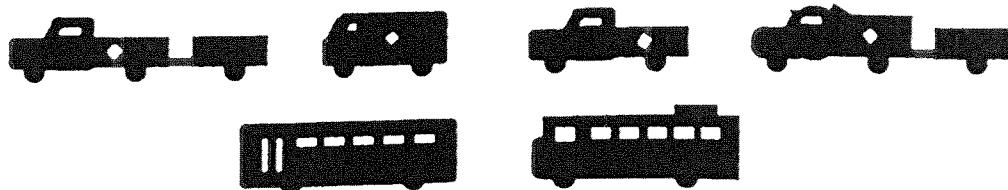
Any combination of vehicles with a Gross Combination Weight Rating (GCWR) of 26,001 or more pounds provided the Gross Vehicle Weight Rating (GVWR) of the vehicle(s) being towed is in excess of 10,000 pounds.

 **Class B**

Any single vehicle with a Gross Combination Weight Rating (GCWR) of 26,001 or more pounds or any such vehicle towing a vehicle not in excess of 10,000 pounds of GVWR.

 **Class C**

Any single vehicle less than 26,001 pounds GVWR or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR. This group applies only to vehicles which are placarded for hazardous materials or are designed to transport 16 or more persons, including the operator.



COMMANDING OFFICER SIGNATURE

DATE

____ / ____ / ____

NOTARY INFORMATIONNotary Public Embossed or
Black Rubber Stamp Seal

STATE

SUBSCRIBED AND SWORN BEFORE ME THIS

DAY OF

20

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

COUNTY