

South Carolina Department of Motor Vehicles Application for a Commercial Driver's License or Commercial Learner's Permit (Class A, B, or C)



STEP 1 - TYPE OF CARD

	What type of card do you want? (Check one)														
B. Do you want it to be a REAL ID card? (Check one) Yes No															
 If you select Yes, you must provide the required documents (if you haven't done so already) and a gold star will be printed on your card. Reference the documents required for a REAL ID on Forms MV-93 for US citizens or Form MV-94 for international customers. 															
• If you select No, you must complete a Statement of Understanding (Form DL-005A) because your card will have the words NOT FOR															
FEDERAL IDENTIFICATION printed across the front of it. You must also provide the required documents if you do not currently have a valid SC card or you are not a US citizen. Reference the documents required for a standard card (one proof of address; proof of identity,															
date and place of birth; and social security number) on Forms MV-93 for US citizens or Form MV-94 for international customers.															
Learner's Permit or License Number Customer Number															
STEP 2 - IDENTIFICATION Last Name First Name Middle Name Suffix															
	Last Name		·			Middl	le Name	Suffix							
			<u> </u>												
Resi	dence Address (Must be your current	address of r	residence				Co	ounty							
City or Town State Zip Code Phone Number Email Address															
City	or Town		State	Zip Code	Number										
				<u> </u>		()								
	Social Security Number* (SSN)	Month	Date of Bir	rth Year	Feet	eight Inches	Weight	Eye (Color	Race	Ger	_			
* \/.	2				<u> </u>				11-1	- 4- 0	- - ·	Female			
* Your Social Security number is required for the purposes of identifying you and preparing jury lists pursuant to South Carolina Code of Laws Sections 56-1-90 and 14-7-130. The Driver's Privacy Protection Act of 1994 (DPPA), 18 U S.C. Section 2721,2725, the Family Privacy Protection Act of 2002															
	PA), 30-2-10 et seq., and Section	1 56-3-545	of the S.	C Code restr	rict the	disclosu	re of persor	nal inforn	nation coi	ntained	in our records.				
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OPTIONAL	Temporary Mailing Address - Opt	Temporary Mailing Address - Optional to have y					time period				Expiration Date				
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-	City or Town	Zip C	ode		Do you want to DELETE a tempor				orary Yes						
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	5	IIIII.	_	•				opy) tha	t indicate	s you v	vere honorably di	scharged.			
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DONATION ☐ YES, I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation \$00 If you are currently registered you must check "YES" to have the red heart reprinted on your license.															
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copy of the Sex Offender Registry Law is available upon request (www.scstatehouse.gov/code/t23c003.php).

STI	EP6 Q	UESTIONS					17 questions r result in crim							on may re	sult in a	60-day
1	Are you	a resident	of South	Carolina?	ı										Пусс	Пио
	•	Are you a resident of South Carolina?											∐Yes	=		
	Do you now have or have you ever had a South Carolina identification card, beginner's p														res	No
0.	license? If yes, give the number and name if different from number and name given on this application											Yes	□No			
4.	Do you now have or have you ever had an identification card, beginner's permit, driver's license, or moped license from another											nother	Yes	□No		
	state or country? If yes, list information from last time issued. State/Country															
	License Numberand Issue Date 5. Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, revoked or disqualified in															
	any state? If yes, where? when last?													□Yes	No	
6.	Have you recently surrendered your beginner's permit, driver's license, or moped license in court or to a law enforcement officer? If yes, when? Reason												officer?	Yes	□No	
7.	In the past 12 months, have you experienced a loss of consciousness, muscular control or seizure?													No		
	In the past six months, have you experienced a heart attack or heart surgery?													_		
	Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time?													□No		
	Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at												П№			
11.	this time?													Yes	□No	
12.	Has your doctor recommended you not drive or placed restrictions on your driving at this time?													Yes	□No	
13	If yes, what are the restrictions?												False			
	I certify that I do not have a driver's license from more than one State or jurisdiction												_			
	Federal Motor Carrier Safety Administrations rules to operate a commercial vehicle.												True	False		
15.	I certify that I am <u>not subject</u> to the qualification requirements under the Federal Rule 49 CFR, Part 391 of the Federal Motor Carrier Safety Administrations rules to operate a commercial vehicle.												True	False		
							ne Federal Mo									□No
17.							or a Class A, B								Yes	□No
The medical certificate must be updated with DMV before the certificate's expiration date. Issue Date: Expiration Date:																
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0.7										-						
SIL	EP 8 C	ef the date	of this	I CERTIF	Y under p	enalty of	perjury that a	ll inform	nat	tion and state	eme	nts made	in this app	lication a	are true	and
							nat I do not ha motor vehicle									estions
dis	qualified	l at the time	e of this	application	n.					•		·				
:	I unders	stand that I	am rec	eiving a S	.C. creden	tial based	d on the inforr	nation p	oro	ovided on this	s app	plication,	and that So	CDMV w	ill verify	all
information. I also understand that if my privilege to drive is ever suspended, cancelled or revoked in South Carolina or any other state, my S.C. license will be revoked until I have met all reinstatement requirements in South Carolina and any other states.																
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South Carolina Department of Motor Vehicles Instructions on Completing an Application for a Commercial Driver's License or Commercial Learner's Permit



Form 447-CDL is used to enter personal data into the DMV system in order to create a SC state issued class A, B, or C learner's permit or driver's license. The class license defines the type of vehicle(s) you are allowed to operate.

- <u>Class A</u> Any combination of vehicles with a Gross Combination Weight Rating (GCWR) of 26,001 pounds or more provided the GVWR of the vehicle being towed is in excess of 10,000 pounds.
- <u>Class B</u> Any single unit vehicle with a GVWR of 26,001 pounds or more, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.
- <u>Class C</u> Any single vehicle, or combination of vehicles, that are not Class A or B vehicles, but either designed to transport sixteen or more passengers including the driver, or are placarded for hazardous materials.

All of the class licenses listed above may also operate a three-wheel vehicle (excluding a two-wheel motorcycle with a side car).

• Class M - two-wheel motorcycles, two-wheel motorcycles with a detachable side car, or three-wheel vehicles,

Form 447-CDL is a legal document to be completed in its entirety. Please follow these instructions when completing the form.

STEP 1 - Check the box for the type of card you want: Commercial Learner's Permit (CLP) or Commercial Driver's License (CDL). Also, check yes if you want it to be a REAL ID card or no if you want it to be a standard card.

STEP 2 - Personal Information

- Enter your *Permit or License Number* as seen on the SC card if you currently hold one. If applying for an original SC card, leave blank and the Customer Service Representative (CSR) will complete.
- Enter your *Customer Number*, if known. If not known the CSR will enter it.
- Enter Last Name, First Name, Middle Name as shown on your birth certificate.
- If applicable, enter your Suffix. All suffixes except for "Sr" must have supporting documents.
- Enter *Current Residence Address*. Cannot be a Post Office Box. This is the address that DMV will send mail to unless a specified special or temporary mailing address is on file.
- Enter Current Phone Number, and enter Current Email Address.
- Enter the Social Security Number exactly as it appears on the Social Security card.
- Enter your Date of Birth exactly as it appears on the birth certificate as month-day-year.
- Enter your *Height* as feet and inches, and enter your *Weight* in pounds.
- Enter your *Eye Color*: black, blue, brown, dichromatic (two different eye colors), gray, green, hazel, maroon, pink, or unknown.
- Enter your Race
- Check the appropriate box to indicate whether you are a *Male* or a *Female*.

Optional - Add or delete special or temporary mailing address

- Enter a Special Mailing Address if you want us to send mail to an address other than your residence.
- Mark the **Yes** box to delete a current special mailing address that is now on file.
- Enter Temporary Mailing Address and expiration date to have mail sent to a location other than the residence.
- Mark the Yes box to delete a current temporary mailing address that is now on file.
- Enter the Expiration Date for the Temporary Mailing Address.

STEP 3 - Optional designations

Check each appropriate box and provide the required documentation if you want your record to indicate that you are medically diagnosed with autism; and/or if you want your card to designate that you are a Veteran and/or Hearing Impaired.

STEP 4 - Opportunity to Donate Organs and Tissue (optional)

Check **YES** to have a heart symbol placed on your card designating your desire to be an **organ and tissue donor** and/or to make a monetary donation to Donate Life SC. <u>IMPORTANT</u>: *If you are currently registered as an organ and tissue donor you must check* "YES" to have the red heart reprinted on your license.

STEP 5 - Opportunity to *Register to Vote* or update voter registration address

Check the box that describes your decision in regards to registering to **vote**. In order to vote you must be a US citizen and meet age requirements to complete a DMV Voter Registration Application.

STEP 6 - Questions

- Check Yes or No to questions 1 thru 12. These questions pertain to residency, existing licenses, and medical conditions.
- Check True or False to questions 13 thru 15. Reference Federal Regulation Rule 49 CFR, Part 391 for the qualifications required to operate a commercial motor vehicle.
 - http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/FmcsrGuideDetails.aspx?menukey=391
- Check Yes or No to questions 16 and 17. Reference Federal Motor Carrier Regulation 383.51 for a list of violations that would disqualify someone from operating a commercial motor vehicle.
 - http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrruletext.aspx?reg=383.51
- Check **Yes** or **No** to question 18 only if a skills test is to be administered.

STEP 7 - Automobile Insurance

Check the statement about insurance that applies to you.

STEP 8 - Certification

Read the statement, then print your name, sign and enter date the application.