



South Carolina Department of Motor Vehicles

Application for a Commercial Driver's License or Commercial Learner's Permit (Class A, B, or C)



I AM APPLYING FOR A (check any that apply): Commercial Learner's Permit Commercial Driver's License (CDL)

PERMIT OR LICENSE NUMBER		CUSTOMER NUMBER			
LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
RESIDENCE ADDRESS (Must be your current address of residence and cannot be a P.O. Box)					COUNTY
CITY or TOWN	STATE	ZIP CODE	PHONE NUMBER		EMAIL ADDRESS
SOCIAL SECURITY NUMBER* (SSN)		DATE of BIRTH		HEIGHT	WEIGHT
		Month	Day	Year	Feet
				Inches	
					RACE
					GENDER
					<input type="checkbox"/> Male <input type="checkbox"/> 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 (FPPA), 30-2-10 et seq., and Section 56-3-545 of the S.C. Code restrict the disclosure of personal information contained in our records.

I understand the Department will send mail to the residence address above unless I have specified a special or temporary mailing address below.

Complete this section if you want to ADD or DELETE a special and/or temporary mailing address to/from your file.

SPECIAL MAILING ADDRESS – Optional (To have your mail sent to an address different from residence address)				COUNTY
CITY or TOWN	STATE	ZIP CODE	Do you want to DELETE a special mailing address now on file? <input type="checkbox"/> Yes	
TEMPORARY MAILING ADDRESS – Optional (To have your mail sent to an address for a limited time period)				EXPIRATION DATE
CITY or TOWN	STATE	ZIP CODE	COUNTY	Do you want to DELETE a temporary mailing address now on file? <input type="checkbox"/> Yes

	ORGAN AND TISSUE DONATION	<input type="checkbox"/> YES, I want to be an organ and tissue donor.	Amount of donation \$ _____ .00
		<input type="checkbox"/> YES, I wish to donate \$5.00, more or less, to Donate Life SC.	
ORGAN DONOR STATEMENT - If you marked YES that you want to be an organ and tissue donor upon death, your consent shall serve as a legally binding document as outlined under the South Carolina Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the consent of any other person. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation.			
If you marked "YES," you verify that you have read the organ donor statement and you consent for the SCDMV to send your personal information to the SC Organ and Tissue Donor Registry. A red heart will be printed on the front of your driver's license. If you are currently registered you must check "YES" to have the red heart reprinted on your license.			
If you change your decision to consent in the future or wish to be removed from the SC Organ and Tissue Donor Registry, you can go online to www.DonateLifeSC.org or contact Donate Life SC at 1-87-PASS-IT-ON. You may also have your name removed from the registry by visiting any SCDMV office or www.SCDMVonline.com while completing a credential transaction. SCDMV will assess an administrative fee for the change and there may be a 72 hour delay in removing your name from the SC Organ and Tissue Donor Registry.			

VOTER REGISTRATION	
<small>* Must be a United States Citizen and meet requirements to complete a DMV Voter Registration Application.</small>	
Do you want to register to vote or update your address with the County Registration Board? (check one box)	
<input type="checkbox"/> Yes, I wish to register to vote or update my voter registration address.	<input type="checkbox"/> No, I am already registered to vote and do not wish to update my voter registration address.
<input type="checkbox"/> No, I do not wish to register to vote.	<input type="checkbox"/> No, I am not eligible to register to vote.

Sex Offender Registry Notice - Section 23-3-460 of the S.C. Code of Laws states that a person who has been convicted anywhere of an offense listed in 23-3-430 must register with the county sheriff within 3 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request (www.scstatehouse.gov/code/t23c003.php).

All CDL applicants MUST answer the following 17 questions. Any falsification of information on this application may result in a 60-day disqualification of your CDL and/or result in criminal prosecution under state and federal law.

1. Are you a resident of South Carolina? Yes No
2. Are you a citizen of the United States? Yes No
3. Do you now have or have you ever had a South Carolina identification card, beginner's permit, driver's license, or moped 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 state or country? If yes, list information from last time issued. **State/Country** _____ Yes No
License Number _____ and **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 _____ Yes No
7. **In the past 12 months**, have you experienced a loss of consciousness, muscular control or seizure? Yes No
8. a) **In the past six months**, have you experienced a heart attack or heart surgery? Yes No
 b) Has your doctor recommended you not drive or placed restrictions on your driving at this time? Yes No
 If the answer to "b" is yes, what are the restrictions? _____
9. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time? Yes No
10. Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at this time? Yes No
11. Do you have any mental or physical condition preventing you from safely operating a motor vehicle at this time? Yes No
 If yes, please list condition(s): _____
12. Has your doctor recommended you not drive or placed restrictions on your driving at this time? Yes No
 If yes, what are the restrictions? _____
13. I certify that I do not have a driver's license from more than one State or jurisdiction. True False
14. I certify that I have read, understand and meet 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
15. I certify that I am **not subject** 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
16. Are you subject to any disqualification listed in [383.51 of the Federal Motor Carrier Regulations](#)? Yes No
17. Do you have a valid D.O.T. medical examiner certificate for a Class A, B, or C license? Yes No
 The medical certificate must be updated with DMV before the certificate's expiration date.
Issue Date: _____ **Expiration Date:** _____

THE FOLLOWING QUESTION MUST ONLY BE ANSWERED IF A SKILLS TEST IS TO BE ADMINISTERED

18. Is the vehicle being operated on the driving skills test representative of the class for which you are applying and intend to operate? Yes No

AUTOMOBILE INSURANCE INFORMATION (Check and complete the statement that applies to you.)

- Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period. COMPANY NAME: _____
- No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household

I CERTIFY under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also **CERTIFY** that I do not have a valid driver's license other than the one(s) reported in questions #3 and #4 on page one and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked or disqualified at the time of this application.

I understand that I am receiving a S.C. credential based on the information provided on this application, and that SCDMV will 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.

APPLICANT'S PRINTED NAME _____	APPLICANT'S SIGNATURE _____	DATE _____
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FOR DMV OFFICE USE ONLY

<input type="checkbox"/> Exchanging Out-of-State Permit for a SC Permit or License		STATE: _____	OOS BP/DL NO: _____
TYPE:	<input type="checkbox"/> Duplicate <input type="checkbox"/> Modified <input type="checkbox"/> Original <input type="checkbox"/> Re-exam <input type="checkbox"/> Reissue <input type="checkbox"/> Renewal	CLASS:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C and <input type="checkbox"/> M (Motorcycle)
RESTRICTIONS:	ENDORSEMENTS:		
IDENTIFICATION SUBMITTED:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport/Visa <input type="checkbox"/> SSN <input type="checkbox"/> Proof of Residency		

Knowledge Test			
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	
Skills Test			
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	

Missing Extremities:	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____		
Vision	Right	Left	Both
With corrective lens	20/	20/	20/
Without corrective lens	20/	20/	20/
Office Number: _____			
Employee Signature: _____			



**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 credential. The class license defines the type of vehicle(s) you are allowed to operate.

- **Class A** - 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.
- **Class B** - 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.
- **Class C** - 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.

PERSONAL INFORMATION

- Check the box for the type of credential you are applying for (commercial driver's license or learner's permit).
- Enter the **Credential Number** as seen on the SC credential if you currently hold one. If applying for an original SC credential, 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. See form MV-93 or MV-94 for options other than 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. See form MV-93 or MV-94 for options other than Social Security card.
- Enter your **Date of Birth** exactly as it appears on the birth certificate as month-day-year. See form MV-93 for options other than a birth certificate.
- Enter your **Height** as feet and inches, enter your **Weight** in pounds, and enter your **Race**.
- Check the appropriate box to indicate whether you are a **Male** or a **Female**.

ADD or DELETE SPECIAL OR TEMPORARY MAILING ADDRESS (Optional)

- Enter **Special Mailing Address** in order to have mail sent to an address other than the 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.

OPPORTUNITY TO DONATE ORGANS AND TISSUE (Optional)

Check YES to have a heart symbol placed on the credential designating the desire to be an **organ and tissue donor** and/or to make a monetary donation to Donate Life SC.

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 United States citizen and meet age requirements to complete a DMV Voter Registration Application.

YES/NO 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.

AUTOMOBILE INSURANCE

Check the **statement about insurance** that applies to you.

PRINT NAME, SIGN AND DATE

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