



# South Carolina Department of Motor Vehicles

## Application for a Commercial Driver's License or Commercial Learner's Permit



South Carolina and federal law dictates that motor vehicle and driver's license records maintained by the SCDMV may be disclosed in certain situations. For further details on the disclosure of personal information and the types of information disclosed, go to the SCDMV website [www.scdmvonline.com/Privacy](http://www.scdmvonline.com/Privacy).

### STEP 1—TYPE OF CARD

**A. What type of card do you want?** (Check one)  Commercial Learner's Permit  Commercial Driver's License (CDL)

**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** and are visiting an SCDMV branch office, 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 visit an SCDMV office and 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.

<b>STEP 2—IDENTIFICATION</b>				Learner's 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 PO Box)								County			
City or Town		State		Zip Code		Phone Number (     )		Email Address			
Social Security Number* (SSN)				Date of Birth		Height	Weight	Eye Color	Race	Gender	
		Month	Day	Year		Feet	Inches			<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 SC Code Sections 56-1-90 and 14-7-130.

**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.

<b>OPTIONAL</b>	<b>Special Mailing Address</b> - Optional to have your mail sent to an address different from residence address								County	
	City or Town		State		Zip Code		Do you want to <b>DELETE</b> a special mailing address now on file?			<input type="checkbox"/> Yes
	<b>Temporary Mailing Address</b> - 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 <b>DELETE</b> a temporary mailing address now on file?	

<b>STEP 3—OPTIONAL</b>	On my card I wish to be designated as being:	<input type="checkbox"/> <b>Autistic</b> - Must provide a statement that you are medically diagnosed with autism from a physician who is licensed to practice in SC. <input type="checkbox"/> <b>Veteran</b> - Must provide DD-214 that indicates you were honorably discharged or one of the other acceptable documents listed on the 447-NC information sheet.
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<b>STEP 4—ORGAN AND TISSUE DONATION</b>		<input type="checkbox"/> <b>YES</b> , I want to be an organ and tissue donor. <input type="checkbox"/> <b>YES</b> , I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation \$ _____ .00
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**If you are currently registered you must check "YES" to have the red heart reprinted on your license.**

If you marked "YES," you verify that you have read the organ donor statement below and you authorize 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.

**ORGAN DONOR STATEMENT**—If you marked YES that you want to be an organ and tissue donor upon death, your authorization shall serve as a legally binding document as outlined under the SC Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the authorization 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 change your decision to authorize in the future or wish to be removed from the SC Organ and Tissue Donor Registry, you can go online to [www.DonateLifeSC.org](http://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](http://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.

<b>STEP 5—VOTER REGISTRATION</b> (check one)	<b>Do you want to register to vote or update your address with the County Registration Board?</b> <i>Must be a US Citizen and meet requirements to complete a DMV Voter Registration Application.</i>
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- Yes**, I wish to register to vote or update my voter registration address.
- No**, I do not wish to register to vote.  **No**, I am already registered to vote and do not wish to update my voter registration address.
- No**, I am not eligible to register to vote.

**SEX OFFENDER REGISTRY NOTICE** Section 23-3-460 of the SC 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](http://www.scstatehouse.gov/code/t23c003.php)).

**STEP 6 QUESTIONS**

**You 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** \_\_\_\_\_  
**License Number** \_\_\_\_\_ and **Issue Date** \_\_\_\_\_  Yes  No
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. **In the past six months**, have you experienced a heart attack or heart surgery?  Yes  No
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

**STEP 7 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

**STEP 8 CERTIFICATION**

**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.

Customer's Printed Name \_\_\_\_\_ Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR THE SCDMV USE ONLY**

Exchanging Out-of-State Permit for a SC Permit or License **STATE:** \_\_\_\_\_ **OOS BP/DL NO:** \_\_\_\_\_

**Qualifies for a REAL ID Card**  Yes  No **Comments:** \_\_\_\_\_

**Type:**  Duplicate  Modified  Original  Re-exam  Reissue  Renewal **Class:**  A  B  C and  M (Motorcycle)

**Restrictions:** \_\_\_\_\_ **Endorsements:** \_\_\_\_\_

**Identification Submitted:**  Birth Certificate  Passport/Visa  SSN  Proof of Residency

**Knowledge Test**

Date: \_\_\_\_\_  Passed  Failed Score: \_\_\_\_\_  
 Date: \_\_\_\_\_  Passed  Failed Score: \_\_\_\_\_  
 Date: \_\_\_\_\_  Passed  Failed Score: \_\_\_\_\_  
 Date: \_\_\_\_\_  Passed  Failed Score: \_\_\_\_\_  
 Date: \_\_\_\_\_  Passed  Failed Score: \_\_\_\_\_

**Skills Test**

Date: \_\_\_\_\_  Passed  Failed Comments: \_\_\_\_\_  
 Date: \_\_\_\_\_  Passed  Failed Comments: \_\_\_\_\_  
 Date: \_\_\_\_\_  Passed  Failed Comments: \_\_\_\_\_

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

Office Number: \_\_\_\_\_  
 Employee Signature: \_\_\_\_\_