



# TEXAS COMMERCIAL DRIVER LICENSE APPLICATION INTERSTATE DRIVER CERTIFICATION

**NOTICE:** All information on this application must be in INK.

## APPLICANT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_ DRIVER LICENSE NUMBER \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_

## WHAT IS INTERSTATE COMMERCE?

- Trade, traffic, or transportation in the United States which is between a place in a state and a place outside of such state (including a place outside of the United States); or
- Between two places in a state through another state or a place outside of the United States; or
- Between two places in a state as part of trade, traffic or transportation, originating or terminating outside the state or the United States.

**Reminder:** You may be engaged in interstate commerce even if your vehicle does not leave the state.

## INSTRUCTIONS

In order to obtain a commercial driver license which authorizes the operation of a commercial motor vehicle in interstate or foreign commerce, you must certify to and meet the qualifications from Federal Rule 49 C.F.R., Part 391. Please review the following requirements. If you meet these requirements, certify below.

## CERTIFICATION

I certify that I:

- a. am at least 21 years of age;
- b. can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records;
- c. am not disqualified to drive a motor vehicle in any state.

## SECTION A. I FURTHER CERTIFY THAT I: (Check the appropriate box(es) below)

1.  Do not have a loss of a foot, a leg, a hand, or an arm, or have been granted a waiver;
2.  Do not have an impairment of:
  - i. A hand or finger which interferes with prehension or power grasping; or
  - ii. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle;
3.  Do not have an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
4.  Do not have a current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
5.  Do not have an established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with my ability to control and drive a motor vehicle safely;
6.  Do not have a current clinical diagnosis of high blood pressure likely to interfere with my ability to operate a motor vehicle safely;
7.  Do not have an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with my ability to control and operate a motor vehicle safely;

8.  Do not have an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle;
9.  Do not have a mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with my ability to drive a motor vehicle safely;
10.  Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;
11.  First perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, do not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951;
12.  Do not use a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit forming drug; and
13.  Do not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in §382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle;
14.  Do not have a current clinical diagnosis of alcoholism.

**IF YOU CHECKED ALL THE BOXES ABOVE, SKIP SECTION B**

**SECTION B. I FURTHER CERTIFY THAT I: (Check the appropriate box below)**

**YES NO**

- Have a federal variance for one of the medical conditions that I have selected below (select all that apply).  
A federal variance must be submitted with a current medical examiner's certificate when certifying to this section.

Diabetes       Vision       Limb       Seizures       Hearing

**I CERTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUALIFICATIONS, AND THAT I OPERATE OR EXPECT TO OPERATE IN INTERSTATE COMMERCE, AND I AM BOTH SUBJECT TO AND MEET THE QUALIFICATION REQUIREMENTS UNDER 49 C.F.R. PART 391. I MEET THE REQUIREMENTS OF CATEGORY 1, NON-EXCEPTED INTERSTATE. I ALSO UNDERSTAND BASED UPON THIS CERTIFICATION THAT I AM REQUIRED TO OBTAIN AND PRESENT TO THE DEPARTMENT A VALID MEDICAL EXAMINER'S CERTIFICATE UNDER 49 C.F.R. PART 391.45.**

APPLICANT'S SIGNATURE	DATE
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Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Authorized Officer

**FOR DEPARTMENT USE ONLY**

This form may require one of the following restrictions to be placed on the commercial driver license.

P15 – Operation Class A exempt vehicle authorized

V – Medical variance documentation required

**Class A** – Texas Commercial Rules, General Knowledge, Combination, Air-brake (if applicable), Pre-trip, and any necessary endorsement exams.

**Class B** – Texas Commercial Rules, General Knowledge, Air-brake (if applicable), Pre-trip, and any necessary endorsement exams.

**Class C** – General Knowledge and any necessary endorsement exams.

**Skills exams required:** Yes

A Medical Examiner's Certificate is required.

Non-excepted Interstate