

Missouri Department of Revenue
**Application for Military Commercial
 Driver License (CDL) Skills Test Waiver**

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

| | | | | | |
|------------------------------|--------------------------------|------|-----------------------|----------|--------|
| Applicant Information | Name (Last, First, and Middle) | | Driver License Number | | |
| | Residence Address (Street) | City | State | Zip Code | County |
| | Mailing Address (If Different) | City | State | Zip Code | County |

During the two years before today's date:

- Have you had more than one license (except for a military license)? Yes No
- Has your license been suspended, revoked, cancelled, or disqualified in this or any other 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 or endorsements for a specific CDL group being operated or for the passengers or type of cargo being transported? Yes No
- Have you been convicted of driving a commercial motor vehicle while using a hand-held mobile phone? Yes No
- Have you been convicted of driving a commercial motor vehicle while texting? Yes No
- Have you been convicted of driving while intoxicated or driving while under the influence of alcohol (includes BAC)? Yes No
- Have you been convicted of driving while under 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 military, 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

Have you been regularly employed in the last 90 days in a job requiring operation of a military 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 military 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); 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.

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.




| | |
|-----------------------|-------------------------------------|
| Applicant's Signature | Title |
| Printed Name | Date (MM/DD/YYYY) ____/____/____ |

The remainder of this form is to be completed by your commanding officer and notarized.

| | | | | | |
|---|------|-------------------------------------|----------|--------|--|
| Commanding Officer's Name (Last, First, and Middle) | | Telephone Number (____)____-____ | | | |
| Residence Address (Street) | City | State | Zip Code | County | |

I hereby certify the applicant on this form is an active duty member of the Armed Forces and has been employed in a military position within the past 90 days requiring operation of a military motor vehicle and operated the following commercial class vehicles a minimum of sixty days within the two years prior to this application.

Select the box(es) below for the class(es) of vehicle operated.

| Class | Vehicle Description | Example Of Vehicles In Group |
|----------------------------|---|---|
| <input type="checkbox"/> A | * 5th Wheel - Truck Tractor or Semitrailer Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds. |  |
| <input type="checkbox"/> A | * Pintle Hook - Truck Trailer Combination Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds. |  |
| <input type="checkbox"/> B | Any single vehicle with a GVWR of 26,001 or more pounds or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR. |  |

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

| | |
|--|-------------------------------------|
| Commanding Officer's Signature (must be notarized) | Title |
| Printed Name | Date (MM/DD/YYYY) ____/____/____ |

| | | | |
|---|--|-------------------------------|--|
| Embosser or black ink rubber stamp seal | Subscribed and sworn before me, this _____ day of _____ year | | |
| | State | County (or City of St. Louis) | My Commission Expires (MM/DD/YYYY) ____/____/____ |
| | Notary Public Signature | | |
| | Notary Public Name (Typed or Printed) | | |

Form 5140 (Revised 07-2016)

Mail to: Driver License Bureau
P.O. Box 200
Jefferson City, MO 65105-0200

Phone: (573) 526-2407
Fax: (573) 522-8174
E-mail: dlbmail@dor.mo.gov

Visit <http://www.dor.mo.gov/drivers/> for additional information.



Driving Experience Certification

Signature

Notary Information