

MISSOURI DEPARTMENT OF  
**REVENUE**  
**Application for Military Commercial  
Driver License (CDL) Even Exchange**

This form may be used by a qualified current or former military service member to apply for waiver of the knowledge and driving skills testing to obtain a Commercial Driver License (CDL). This form does not allow for waiver of the knowledge test required for a hazardous materials endorsement or the knowledge and driving skills test required to apply for a school bus endorsement.

<b>Applicant Information</b>	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:

**Driver Record Certification**

- 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

**Driving Experience**

Have you been regularly employed or were you regularly employed within the last 12 months prior to this application, in a military position requiring the operation of a military motor vehicle representative of a commercial motor vehicle?  Yes  No

Have you operated a military motor vehicle representative of the commercial motor vehicle you operate or expect to operate, for at least the two years immediately preceding discharge from the military?  Yes  No

Were you exempted for the CDL licensing requirements for driving a military vehicle on state roads or highways in accordance with 49 CFR 383.3(c)?  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 proof military service and a copy of my military driving record.

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

Commanding Officer's Verification of Service Member's MOS/Rating (Service members must have one of these MOS/Ratings to qualify.)

**U.S. Army**

- 88M
- 92F
- 14T

**U.S. Marine Corps**

- 3531

**U.S. Navy**

- EO




**U.S. Air Force**

- 2T1
- 2F0
- 3E2

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 a current or former military service member and has been employed in a military position within the last 12 months requiring operation of a military motor vehicle and operated the following commercial class vehicles at least the two years immediately preceding military discharge.

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.	

The service member is qualified to operate:

- Vehicles equipped with a full air brake system; .....  Yes  No
- Vehicles equipped with air-over-hydraulic braking system; .....  Yes  No
- Vehicles with an automatic transmission; .....  Yes  No
- A Passenger Vehicle designed to transport 16 or more people; .....  Yes  No
- A Tank Vehicle. ....  Yes  No

Missouri CDL knowledge testing must be submitted for endorsements or vehicle qualifications as applicable.

Under penalties of perjury that I am an officer of the Armed Forces and the information provided on this form related to the service members commercial motor vehicle operation experience is true and accurate.

Commanding Officer's Signature	Title
Printed Name	Date (MM/DD/YYYY) ____ / ____ / ____

Form 5800 (Revised 08-2019)

**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](mailto:dlbmail@dor.mo.gov)

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



Driving Experience Certification

Endorsement Verification

Signature