

**State of North Carolina
Department of Transportation
Division of Motor Vehicles**

Certification for Waiver of CDL Skills Test for Military Personnel

This form is to be used by service members who are currently licensed and who are or were employed within 1 year immediately preceding the date of application in a military position requiring the operation of a military motor vehicle equivalent to a Commercial Motor Vehicle pursuant to G.S. 20-37.13. The form is to be completed by the applicant and the commanding officer and returned to the CDL Section 3117 Mail Service Center, Raleigh, North Carolina 27697-3117. If the applicant does not meet all of the requirements listed or this document cannot be verified, the applicant will be required to pass the Commercial Driver License Skills Tests. This form is valid for 30 days from the date of signature by the Commanding Officer.

Name	(Last)	(First)	(Middle)	(Suffix)
North Carolina License Number:		Email Address:		Date of Birth:
Residence Address:			City:	State:
			Zip Code:	Telephone Number:

- I certify that I have not at any time during the past two years:
 - a. Had any driver license or driving privilege suspended, revoked, or cancelled;
 - b. Had any convictions involving any kind of motor vehicle for the offenses listed in G.S. 20-17 or had any convictions for the offenses listed in 20-17.4;
 - c. Been convicted of a violation of State or local laws relating to motor vehicle traffic control, other than a parking violation, which violation arose in connection with any reportable traffic accident; or
 - d. Refused to take a chemical test when charged with an implied consent offense, as defined in G.S. 20-16.2

- I am a current member of an active or reserve component branch of the Armed Forces of the United States and have operated for the two-year period immediately preceding the date of application a vehicle representative of the class and, if applicable the type of commercial motor vehicle for which I seek to be licensed and have taken and successfully completed a skills test administered by the military or;

- I am retired or received either an honorable or general discharge from an active or reserve component branch of the Armed Forces of the United States was regularly employed within the one year period immediately preceding the date of application in a military position and have operated for the two-year period immediately preceding the date of application a vehicle representative of the class and, if applicable the type of commercial motor vehicle for which I seek to be licensed and have taken and successfully completed a skills test administered by the military.
(If this block is checked please attach a copy of your DD-214).

I certify that the statements are true and correct. Two of the three blocks must be checked in order for the application to be accepted) Any falsification of this document may result in legal action against anyone associated with the completion of this form.

Signature

Date

Commanding Officer Certification

Certification must be made by the applicant's Commanding officer. Any falsification of this document may result in legal action against anyone associated with the completion of this document.

Please indicate the vehicle classification this applicant is qualified to operate:

- CLASS A** Any combination of vehicles with a gross vehicle weight rating, GVWR, of 26,001 pounds or more, provided the GVWR of the vehicle or vehicles' being towed is in excess of 10,000 pounds.

Was combination vehicle tractor and trailer? Yes No

Was the vehicle equipped with air brakes? Yes No

Was the vehicle equipped with full air brakes? Yes No

Was the vehicle equipped with manual transmission? Yes No

- CLASS B** Any single vehicle with a GVWR of 26, 001 pounds or more, and any such vehicle towing a vehicle not in excess of 10,000 pounds.

Was the applicant qualified to operate vehicles designed to carry 16 or more persons, including the driver? Yes No

Was the vehicle equipped with air brakes? Yes No

Was the vehicle equipped with full air brakes? Yes No

Was the vehicle equipped with manual transmission Yes No

I certify that _____ has operated vehicles
Name of Applicant
 representative of the classification listed on this application for at least two years prior to the date of this application.

Name (Last)		(First)		(Middle)		(Suffix)	
Office Telephone Number		Office Email Address:			Rank		
Business Address:			City:		State:	Zip Code:	
Signature:					Date:		

DMV HQ Use Only:	Approved By:	Disapproved By:
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