

Application for Commercial Learner's Permit, Test Receipt, or Commercial Driver's License

To apply for a CDL or CLP, you must present proof of U.S. citizenship or lawful permanent residency, or obtain a Non-domiciled CLP. Do not continue with this application if you do not have the required proof.

Please write clearly or your application will be rejected.

APPLICANT INFORMATION	
NJ Driver License Number: _____	**Social Security Number: _____
First Name: _____	Middle Name: _____
Last Name: _____	Suffix: _____
Mailing Address (Street, PO Box): _____ Apt/Floor/Unit: _____	
City: _____	State: _____ Zip: _____ County: _____
Residential Address (If Different from Mailing): _____ Apt/Floor/Unit _____	
City: _____	State: _____ Zip: _____ County: _____
Full Date of Birth: ____/____/____	Gender: _____ Eye Color: _____ Weight: _____ Height: _____ ft _____ in
(MM/DD/YYYY)	
<i>**Submission of your social security number is required by law. It will be used in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.</i>	
TRANSACTION INFORMATION	
Transaction (Select One): <input type="checkbox"/> Test Receipt <input type="checkbox"/> Commercial Learner's Permit <input type="checkbox"/> Commercial Driver's License	
For commercial driver license transactions only. Select one document type: <input type="checkbox"/> Standard License <input type="checkbox"/> Real ID License	
Endorsements (Check Appropriate Boxes): <input type="checkbox"/> H Hazmat* <input type="checkbox"/> N Tank <input type="checkbox"/> P Passenger <input type="checkbox"/> S School Bus <input type="checkbox"/> T Double/Triple	
Class (Select One): <input type="checkbox"/> A Commercial <input type="checkbox"/> B Commercial <input type="checkbox"/> C Commercial	
* Available as an upgrade only	
OUT-OF-STATE TRANSFER INFORMATION ONLY	
1. Do you have a valid driver's license in any other state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is your driving or CDL privilege now suspended, revoked, disqualified or canceled in any other state, province territory or country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State: _____ Driver License Number: _____	
Name on License (if different than above): _____	
3. Do you have a mental or physical disability or convulsive disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered YES to questions 1, 2 or 3, please explain: _____	

SIGNATURE	
Signature: _____ Date: _____	
<i>I certify that the statements made by me on this form are true. I am aware that if any of the statements are willfully false, I am subject to administrative, civil, and/or criminal penalty.</i>	
MVC USE ONLY	
Transaction Type: ____ Initial ____ Renewal ____ Duplicate ____ Change ____ Upgrade ____ Downgrade ____ Transfer	
Standard Documentation Proof of Legal Presence Primary Documentation Secondary Documentation Proof of SSN Proof of NJ Residential Address	Real ID Documentation Proof of Legal Presence Primary Document Secondary Document Proof of SSN Proof of NJ Residential Address 1 Proof of NJ Residential Address 2
Comments: _____	