

Additional Application Page for CDL Holders

Applicant's Name: _____

Driving Experience

Class of Equipment	Amount of Time	Approximate Number of Miles
Straight Truck		
Tractor & Semi-trailer		
Tractor-two Trailers		
Other		

Accident Record for Past 3 Years

Date	Nature of accident (Head-on, Rear-end, etc.)	Fatalities	Injuries

Accident Record for Past 3 Years (cont.)

Date	Charges	Location	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

Has any license, permit, or privilege ever been suspended or revoked? _____

If the answer is yes to either of the above, please explain:
