



# South Carolina Department of Motor Vehicles

## Application for a Commercial Driver's License or Commercial Learner's Permit



South Carolina and federal law dictates that motor vehicle and driver's license records maintained by the SCDMV may be disclosed in certain situations. For further details on the disclosure of personal information and the types of information disclosed, go to the SCDMV website [www.scdmvonline.com/Privacy](http://www.scdmvonline.com/Privacy).

### STEP 1—TYPE OF CARD

**A. What type of card do you want? (Check one)**     Commercial Learner's Permit                       Commercial Driver's License (CDL)

**B. Do you want it to be a REAL ID card? (Check one)**     Yes     No

- **If you select Yes**, you must provide the required documents (if you haven't done so already) and a **gold star** will be printed on your card. Reference the documents required for a REAL ID on Forms MV-93 for US citizens or Form MV-94 for international customers.
- **If you select No** and are visiting an SCDMV branch office, you must complete a Statement of Understanding (Form DL-005A) because your card will have the words **NOT FOR FEDERAL IDENTIFICATION** printed across the front of it. You must also visit an SCDMV office and provide the required documents if you do not currently have a valid SC card or you are not a US citizen. Reference the documents required for a standard card (**one** proof of address; proof of identity, date, and place of birth; and social security number) on Forms MV-93 for US citizens or Form MV-94 for international customers.

### STEP 2—IDENTIFICATION

Learner's Permit or License Number				Customer Number			
Last Name		First Name		Middle Name		Suffix	
Residence Address (Must be your current address of residence and cannot be a PO Box)						County	
City or Town		State	Zip Code	Phone Number (    )		Email Address	
Social Security Number* (SSN)		Date of Birth		Height	Weight	Eye Color	Race
		Month	Day	Year	Feet	Inches	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	

\*Your Social Security number is required pursuant to SC Code Sections 56-1-90, 14-7-130, and 56-1-2090.

**I understand the Department will send mail to the residence address above unless I have specified a special or temporary mailing address below.**

**Complete this section if you want to ADD or DELETE a special and/or temporary mailing address to/from your file.**

OPTIONAL	<b>Special Mailing Address - Optional to have your mail sent to an address different from residence address.</b>						County	
	City or Town		State	Zip Code	<b>Do you want to DELETE a special mailing address now on file?</b>		<input type="checkbox"/> Yes	
<b>Temporary Mailing Address - Optional to have your mail sent to an address for a limited time period - An address in this section will NOT change/update your information with the State Election Commission.</b>						Expiration Date		
City or Town		State	Zip Code	County		<b>Do you want to DELETE a temporary mailing address now on file?</b>		
						<input type="checkbox"/> Yes		

### STEP 3—OPTIONAL

On my card I wish to be designated as a Veteran  - **Must provide:** DD-214 or NGB Form 22 showing that you were discharged honorably or "general under honorable conditions" (NGB Form 22 must also show at least twenty years of qualifying service), a letter from the Military Reserve notifying you that you are eligible for retirement pay at age sixty (twenty-year letter), or a Veteran Identification Card (VIC). A Veteran Health Identification Card (VHIC) is not an acceptable document.

### STEP 4—ORGAN AND TISSUE DONATION



- YES**, I want to be an organ and tissue donor.
- YES**, I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation \$ \_\_\_\_\_.00

**If you are currently registered you must check "YES" to have the red heart reprinted on your license.**

If you marked "YES," you verify that you have read the organ donor statement below and you authorize the SCDMV to send your personal information to the SC Organ and Tissue Donor Registry. A red heart will be printed on the front of your driver's license.

**ORGAN DONOR STATEMENT**—If you marked YES that you want to be an organ and tissue donor upon death, your authorization shall serve as a legally binding document as outlined under the SC Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the authorization of any other person. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation.

If you change your decision to authorize in the future or wish to be removed from the SC Organ and Tissue Donor Registry, you can go online to [www.DonateLifeSC.org](http://www.DonateLifeSC.org). You may also have your name removed from the registry by visiting any SCDMV office or [www.SCDMVonline.com](http://www.SCDMVonline.com) while completing a CLP or CDL transaction. SCDMV will assess an administrative fee for the change and there may be a 72-hour delay in removing your name from the SC Organ and Tissue Donor Registry.

### STEP 5—VOTER REGISTRATION

**Do you want to register to vote in South Carolina with the County Registration Board?**

You must be a US Citizen, SC resident, and meet requirements to register to vote.

(check one)     **Yes**, I wish to register to vote.     **No**, I do not wish to register to vote.     **No**, I am not eligible to register to vote.

### UPDATE VOTER REGISTRATION

Unless you indicate otherwise, the addresses above will be used by the State Election Commission to update your voter registration:

- Do not update my residence address.     Do not update my mailing address.

### SEX OFFENDER REGISTRY NOTICE

Section 23-3-460 of the SC Code of Laws states that **a person who has been convicted** anywhere of an offense listed in 23-3-430 must register with the county sheriff within 3 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request ([www.scstatehouse.gov/code/t23c003.php](http://www.scstatehouse.gov/code/t23c003.php)).

**STEP 6—QUESTIONS**      **You MUST answer the following 17 questions.** Any falsification of information on this application may result in a 60-day disqualification of your CLP/CDL and/or result in criminal prosecution under state and federal law.

1. Are you a resident of South Carolina?.....  Yes  No
2. Are you a citizen of the United States? .....  Yes  No
3. Do you now have or have you ever had a South Carolina identification card, beginner's permit, driver's license, or moped license? If yes, give the number and name if different from number and name given on this application.....  Yes  No
4. Do you now have or have you ever had an identification card, beginner's permit, driver's license, or moped license from another state or country? If yes, list information from last time issued. **State/Country** \_\_\_\_\_  
**License Number** \_\_\_\_\_ **and Issue Date** \_\_\_\_\_  Yes  No
5. Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, where? \_\_\_\_\_ when last? \_\_\_\_\_  Yes  No
6. Have you recently surrendered your beginner's permit, driver's license, or moped license in court or to a law enforcement officer? If yes, when? \_\_\_\_\_ Reason \_\_\_\_\_  Yes  No
7. **In the past 12 months**, have you experienced a loss of consciousness, muscular control or seizure?.....  Yes  No
8. **In the past six months**, have you experienced a heart attack or heart surgery?.....  Yes  No
9. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time? .....  Yes  No
10. Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at this time? .....  Yes  No
11. Do you have any mental or physical condition preventing you from safely operating a motor vehicle at this time? .....  Yes  No  
If yes, please list condition(s): \_\_\_\_\_
12. Has your doctor recommended you not drive or placed restrictions on your driving at this time? .....  Yes  No  
If yes, what are the restrictions? \_\_\_\_\_
13. I certify that I do not have a driver's license from more than one State or jurisdiction. ....  True  False
14. I certify that I have read, understand and meet the qualification requirements under the Federal Rule 49 CFR, Part 391 of the Federal Motor Carrier Safety Administrations rules to operate a commercial vehicle. ....  True  False
15. I certify that I am **not subject** to the qualification requirements under the Federal Rule 49 CFR, Part 391 of the Federal Motor Carrier Safety Administrations rules to operate a commercial vehicle. ....  True  False
16. Are you subject to any disqualification listed in 383.51 of the Federal Motor Carrier Regulations? .....  Yes  No
17. Do you have a valid D.O.T. medical examiner certificate for a Class A, B, or C license?.....  Yes  No  
The medical certificate must be updated with DMV before the certificate's expiration date.  
**Issue Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**THE FOLLOWING QUESTION MUST ONLY BE ANSWERED IF A SKILLS TEST IS TO BE ADMINISTERED**

18. Is the vehicle being operated on the driving skills test representative of the class for which you are applying and intend to operate? .....  Yes  No

**STEP 7—AUTOMOBILE INSURANCE INFORMATION**      *Check and complete the statement that applies to you.*

- Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period. COMPANY NAME: \_\_\_\_\_
- No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household

**STEP 8—CERTIFICATION**      **I CERTIFY** under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also CERTIFY that I do not have a valid driver's license other than the one(s) reported in questions #3 and #4 on page one and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked, or disqualified at the time of this application.

I understand that I am receiving an S.C. card based on the information provided on this application and that SCDMV will verify all information. I also understand that if my privilege to drive is ever suspended, cancelled, or revoked in South Carolina or any other state, my S.C. license will be revoked until I have met all reinstatement requirements in South Carolina and any other state. By signing this application, I consent to be photographed by the SCDMV and consent to the release of my driving record information as required by federal or state law. I understand that the SCDMV will send my information to the United States Selective Service now (18-25 years old) as required by federal law. I understand I may only decline this registration by not getting a CLP or CDL from the SCDMV

Customer's Printed Name \_\_\_\_\_ Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR THE SCDMV USE ONLY**

<input type="checkbox"/> Exchanging Out-of-State Permit to retest for a SC Permit or License		STATE: _____	OOS BP/DL NO: _____
Qualifies for a REAL ID Card <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments: _____	
Type: <input type="checkbox"/> Duplicate <input type="checkbox"/> Modified <input type="checkbox"/> Original <input type="checkbox"/> Re-exam <input type="checkbox"/> Reissue <input type="checkbox"/> Renewal	Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C and <input type="checkbox"/> M (Motorcycle)	Restrictions: _____	
Endorsements: _____		Identification Submitted: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport/Visa <input type="checkbox"/> SSN <input type="checkbox"/> Proof of Address	
Hearing Impaired: <input type="checkbox"/> Deaf <input type="checkbox"/> Poor <input type="checkbox"/> Good	Missing Extremities: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	Vision: <input type="checkbox"/> Pass with Corrective Lenses <input type="checkbox"/> Pass without Corrective Lenses <input type="checkbox"/> Fail	
Employee Signature: _____		Office Number: _____	