LOUISIANA DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS  
OFFICE OF MOTOR VEHICLES  
SUPPLEMENTAL FORM FOR CDL APPLICATION  

<table>
<thead>
<tr>
<th>Full Name</th>
<th>(last)</th>
<th>(first)</th>
<th>(middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>(DL#/State issued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>SSN:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All CDL applicants, answer the following questions: Circle one

1) Have you ever held a driver license in this or any other state within the past 10 years? If yes, list the state/s? [Y / N]

2) Do you have a driver’s license from more than one State or Jurisdiction? [Y / N]

3) Are your driving privileges currently or pending suspension, revocation, or cancellation under State law or disqualification under 49 CFR 383.51? [Y / N]

4) Do you meet the qualification requirements of 49 CFR 391? [Y / N]

5) You must self-certify as one of the following four types of commercial driver’s:

   ___ Interstate non-excepted: You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements. In addition, La. R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner’s certificate.

   ___ Interstate excepted: You are an Interstate excepted driver and do not have to meet the Federal DOT medical card requirements, however, La R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner’s certificate.

   ___ Intrastate non-excepted: You are an Intrastate non-excepted driver and are required to meet the Federal DOT medical card requirements. In addition, La. R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner’s certificate.

   ___ Intrastate excepted: You are an Intrastate excepted driver and do not have to meet the Federal DOT medical card requirements, however, La R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner’s certificate.

I hereby certify that the motor vehicle in which I take/took the driving skills test is representative of the type of motor vehicle that I operate or expect to operate.

By my signature affixed below, I certify under penalty of law, that all statements on this application are true and correct.

Applicants signature ___________________________ Date ___________________________

MVCA signature ___________________________ Date ___________________________