



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
 DRIVER AND VEHICLE SERVICES  
 445 Minnesota Street  
 Saint Paul, MN 55101-5180  
 Phone: (651) 297-5029 Web: dvs.dps.mn.gov

**Military CDL Road Test Waiver - 49 CFR 383.77**

After completing appropriate CDL knowledge tests, submit this form with *driver's license application (PS33100)* to the exam station or driver's license agent.

If you have questions or need additional information, please contact DVS at (651) 297-5029.

**PRINT OR TYPE**

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 Middle Name

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 DL Number (OMIT DASHES)

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Date of Birth (mm/dd/yy)

Please read the following statement carefully.

**During the two-year period immediately prior to my application for a CDL, I certify that:**

1. I have not had more than one license;
2. My driving privileges have not been suspended, revoked, or cancelled;
3. I have not had a conviction for any of the following disqualifying offenses in any type of motor vehicle:
  - driving under the influence of alcohol or a controlled substance;
  - refusing to take an alcohol test under implied consent laws;
  - leaving the scene of an accident;
  - using a vehicle to commit a felony;
  - causing a fatality through the negligent operation of a vehicle;
4. I have not had more than one serious traffic violation conviction as follows, committed in any type of motor vehicle:
  - driving 15 MPH or more over the posted speed limit;
  - reckless driving;
  - improper or erratic lane changing;
  - following too closely;
  - violating a traffic law arising in connection with a fatal accident;
  - driving a vehicle without the proper class of license and/or endorsements;
5. I have not had any conviction for a violation of a law or ordinance relating to motor vehicle traffic control (other than a parking violation) arising in connection with any traffic accident, and have no record of an accident in which I was at fault;
6. \*I have operated a vehicle representative of the commercial motor vehicle (CMV) I operate or expect to operate; and
7. I am regularly employed in a job requiring operation of a CMV.

\* Evidence of CMV driving experience must be submitted with this form.

**I certify that the above statements are true and correct.**

**Signature** \_\_\_\_\_

\_\_\_\_\_  
 Date (mm/dd/yy)