



MILITARY CERTIFICATION FOR SKILLS TEST EXEMPTION

200 Mero Street, Frankfort, KY 40622

This certification will be thoroughly reviewed. If it is found that the applicant does not meet the certification requirements as attested therein, pursuant to KRS 186.570, a hearing will be held for perjury of this certification. The CDL shall be issued within one year of discharge.

SECTION 1: DRIVER INFORMATION

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	DATE OF BIRTH
EMAIL ADDRESS		PHONE (home)		PHONE (cell)

SECTION 2: APPLICANT CERTIFICATION

I certify that I am a resident of this Commonwealth and currently hold a valid Kentucky driver's license, and I am in active military service or have not been discharged more than one year. I further certify that in the 2-year period immediately preceding this date, that I:

- Have not had more than one license (*except for a military license*)
- Have not received more than one serious violation in any type vehicle
- Have not had an operator license or CDL suspension, revocation, or cancellation
- Have not been convicted of any of the disqualifying offenses in 49 C.F. R. 383.51(b) of the Federal Motor Carrier Safety Regulations while operating a commercial motor vehicle or any offense in a non-commercial motor vehicle that would be disqualifying if committed in a Commercial Motor Vehicle
- Have not had any convictions for a violation of military, state, or local laws relating to motor vehicle traffic control (*other than parking violations*) arising in connection with any traffic accident
- Have not been convicted of any motor vehicle violations that resulted in an accident for which you were at fault
- Have been regularly operating a military commercial vehicle representative of the class for which I am requesting the exemption
- Have been exempted from the CDL Licensing Requirements for military vehicles in accordance with 49 CFR 383.3(C)

I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein; that I have operated the commercial vehicle of which class I am applying for the exemption within the two (2) years immediately preceding today's date; and that the statements in this application are true and correct.

APPLICANT NAME

APPLICANT SIGNATURE **DATE**

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SECTION 3: COMMANDING OFFICER CERTIFICATION OF DRIVING EXPERIENCE

LAST NAME <i>(commanding officer)</i>	FIRST NAME	MI	PHONE
STREET ADDRESS			
CITY	STATE	ZIP	COUNTY
SERVICE MEMBER'S DATE OF QUALIFICATION:		FROM	TO
SERVICE MEMBER'S NAME		EXPIRATION DATE <i>(US Gov't motor vehicle operator id card/license)</i>	

INSTRUCTION: Circle the *highest class* of vehicles that the service member has been driving. **Only select one.**

CLASS	VEHICLE DESCRIPTION	EXAMPLE OF VEHICLES IN GROUP
A	5 th WHEEL – Truck Tractor/Semitrailer Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds.	
A	PINTLE HOOK – Truck Trailer Combination Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds.	
B	Any single vehicle with a GVWR of 26,001 or more pounds or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.	

If no, provide date of discharge below. *(mm/dd/yy)*

Is the service member still in the military? Yes No _____

The vehicle the service member operates is/was equipped with a full air brake system. Yes No

The vehicle the service member operates is/was equipped with an air over hydraulic braking system. Yes No

The transmission in the vehicle the service member operates is/was: Automatic Manual

I certify that the service member named on the front of this document is/was assigned in a job/assignment requiring the operation of a commercial motor vehicle. The service member's driving experience has been verified, and the information provided herein is true and correct to my knowledge, information, and belief. I also certify that I am an officer of the armed forces with the authority to administer oaths and have the general powers of a notary public.

COMMANDING OFFICER'S NAME	RANK
SIGNATURE	DATE