

APPLICATION FOR MONTANA SEASONAL CDL

dojmt.gov/driving/commercial-driver-licensing

INFORMATION

The Montana seasonal commercial driver license is a four-year CDL.

- Applicants must have at least one year of valid driving experience.
- Costs \$14.00.
- The license is valid **only** from March 15 to September 10 of the current year applied for.

Before each season, you are required to have the Motor Vehicle Division check your driving record to confirm that you have not had any disqualifying or serious offenses for the past two years.

- If you have, you will be unable to receive the seasonal license until your record is clear for two years.
- If your record is clear, you will be issued a new seasonal license.

The seasonal CDL is only valid when accompanied by a valid Montana Class D driver license.

CONDITIONS

A Montana seasonal CDL is for operation of a commercial motor vehicle within 150 miles of the place of business or the farm being served. *The seasonal CDL is for Class B or Class C vehicles only.*

Class B vehicles – any single vehicle with a GVWR of 26,001 pounds or more (towed vehicle 10,000 pounds or under).

Class C vehicles – any single vehicle or combination of vehicles that does not meet the definition of Class B, but that either is designed to transport 16 or more passengers including the driver, or is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which requires the motor vehicle to be placarded under the Hazardous Materials Regulations.

Seasonal CDL holders are strictly limited to:

- 1. Operating vehicles with total capacities of 1,000 gallons of diesel fuel or less.
- 2. Operating vehicles with total capacities of 3,000 gallons or less of liquid fertilizers, and solid fertilizer (solid plant nutrients) that are not transported with any organic substance.
- 3. Not transporting gasoline or pesticides in placarded quantities.

Seasonal CDL holders are fully subject to all CDL disqualification penalties in **any** vehicle; for example, the one-year disqualification for driving under the influence of drugs or alcohol, leaving the scene of an accident, or using a vehicle while committing a felony. (See Montana Commercial Driver License Manual or the Federal Motor Carrier Safety Regulations for all disqualification penalties.)

Go to PAGE 2 and complete all fields.

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Complete all fields:

Legal Last Name		Legal First Name		Legal Middle Name			Suffix (Jr., Sr., 1st, etc.)	
Date of Birth (mm/dd/yyyy)	Driver Lice	river License Number Exp. Year		Exp. Year	MEC Ex	p. (mm/	dd/yyyy)	
Residential Address	1		City		Sta	te	Zip Code	
			7				,	
Douting Phone Number	Conial C	oourity Nivont-		1				
Daytime Phone Number	Social Se	ecurity Numbe	:1					
		.,						
You can visit the Montana Secretary address, and find the location and di						ck you	r voter registration	
Your decision to register to v	ote or not,	and where	you submitted this f	orm, will rer	nain con	fidenti	ial.	
Do you want to register to vo	ote in Monta	ana or upda	te your voter registr	ation? Yes	□ No			
-								
		If "NO"	If yes, continue or	٦.				
County you are registering to v	nte in:							
County you are registering to v	Ole III							
Check all that apply: New Regis	stration \Box	Name Cha	ange 🔲 Address C	Change				
Are you a citizen of the United	States?*			Yes 🗆	No 🗆			
Will you be at least 18 years of age on or before the next election?* Yes ☐ No ☐								
Will you be a Montana resident	•				No \square			
If you checked "No" in respo	onse to any	of these qu	uestions 👑 do no	ot complete t	the rema	inder o	of this form.	
Previous Registration Information – v changed or if previously registered to					irisdiction	. Keqi	uired it name	
			•					
Previous Registration Name	Previous Registration Name		Residence A	Residence Address of Previous Re			gistration	
Previous City P	revious Cou	ınty	Previous Sta	ate		Prev	ious Zip	
<u> </u>	V	oter Applica	nnt Affirmation			I		
I affirm under penalty of perjury that the in	nformation on	this application	on is true, that I am a citi					
years old on or before the next election, t am not serving a felony conviction in a pe								
given false information on this application	n, I may be su	bject to a fine	or imprisonment, or bot	h, under federa	al and/or st	tate law	. I understand	
that if I file a change of address with the I county election office. By signing you aut								
you dut				o.g.iataio		- 9.011 411		
Signature* *The affirmation on this application for voter			Da	ıte*				
*The affirmation on this application for voter	registration m	ust be signed b	by the applicant. Failure to	o do so will prev	ent applica	tion fron	n being processed.	

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I am currently involved with the following type of agricultural industry (check one):						
Custom harvesters						
Farm retail outlets and suppliers						
Agri-chemical businesses						
Livestock feed operation						
I certify that during the two-year period immediately prior to this date (if licensed for less than two years, then						
your complete driving history applies):		<u> </u>				
I have a valid Montana driver license?	☐ Yes	☐ No				
2. Have you had more than one driver license at one time?	☐ Yes	☐ No				
3. Do you have a current, pending, or previous suspension, revocation, cancellation,						
disqualification, or withdrawal of your driver license or privilege to drive by the State						
of Montana or by another state or jurisdiction?	∐ Yes	∐ No				
a. If so, when? b. What state?		-				
4. Have you ever been convicted in any type of motor vehicle for:						
a. Driving under the influence of alcohol or drugs	☐ Yes	☐ No				
b. Leaving the scene of an accident	☐ Yes	☐ No				
c. A felony involving the use of a motor vehicle	☐ Yes	☐ No				
5. Have you ever been convicted in any type of motor vehicle for:						
 Speeding at 15 mph greater than the posted speed limit 	☐ Yes	☐ No				
b. Reckless driving	☐ Yes	☐ No				
c. Following too closely	☐ Yes	☐ No				
d. Improper or erratic lane change	☐ Yes	☐ No				
6. Have you ever been involved with any state law or county or municipal ordinance						
relating to the operation of any type of motor vehicle in connection with an accident?						
a. Convicted of accident-connected traffic law violations	☐ Yes	☐ No				
b. Any record of at-fault accidents	Yes	☐ No				
I certify under penalty of law that the above information and answers are true and correct. I understand that						
any false or misleading statement on my application may result in criminal prosecution, cancellation of any						
license or card issued and/or my disqualification for a period of 60 days.						
Signature: Date:						

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