

STATE OF NEW MEXICO - Taxation and Revenue Department
MOTOR VEHICLE DIVISION



APPLICATION FOR MILITARY SKILLS TEST WAIVER

Use this form to request a military waiver to the Commercial Driver License (CDL) Skills Test when applying for a CDL for vehicle class(es) representative of the Commercial Motor Vehicle (CMV) operated during military service. Completed form must be signed by applicant and commanding officer. **Please include a copy of your military truck driver license/operator permit.**

ELIGIBILITY INFORMATION

To qualify for a CDL Skills Test Waiver, the applicant must meet the following eligibility requirements:

- Be a New Mexico resident.
- Hold a New Mexico driver license or be eligible for a New Mexico driver license.
- Successfully pass the applicable CDL Knowledge Tests.
- Meet the requirements of FMCSA Regulation 383.77.
- Provide current enlistment/separation paperwork.

APPLICANT INFORMATION

NAME		
ADDRESS		DATE OF BIRTH
CITY	STATE	ZIP CODE
E-MAIL ADDRESS	PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER

APPLICANT DRIVING RECORD

- YES NO I am/was regularly employed within the last 90 days in a military position requiring operation of a commercial motor vehicle; AND
- YES NO For at least 2 years immediately preceding this application date if actively serving, or preceding the date of my military discharge, I operated a vehicle representative of the CDL classifications I am applying for.

During the 2-year period immediately preceding the date of this application:

- Have you had more than one license (except for a military license)? ----- YES NO
- Have you had any license suspended, revoked, or cancelled in this or any state? ----- YES NO

During the 2-year period immediately preceding the date of this application, have you been convicted of any violations described below in any type of motor vehicle?

- Being under the influence of alcohol as prescribed by state law? ----- YES NO
- Being under the influence of a controlled substance as prescribed by state law? ----- YES NO
- Operating a CMV with a blood alcohol content (BAC) of 0.04% or greater? ----- YES NO
- Refusing a blood and/or breath test? ----- YES NO
- Leaving the scene of an accident? ----- YES NO
- Using the vehicle to commit a felony? ----- YES NO
- Driving a CMV while your CDL is revoked, suspended, cancelled; or you are disqualified from operating a CMV? ---- YES NO
- Causing a fatality through the negligent operation of a CMV? ----- YES NO
- Using a vehicle to commit a felony involving a controlled substance? ----- YES NO

Check the number of convictions you have received for each serious violation described below in any type of motor vehicle during the 2-year period immediately preceding the date of this application.

- | | NONE | 1 | 2 or MORE |
|--|--------------------------|--------------------------|--------------------------|
| • Speeding 15 or more miles per hour in excess of the posted speed limit? ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Driving recklessly? ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Improper or erratic lane changes? ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Following the vehicle ahead too closely? ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • A violation in connection with a fatal traffic crash? ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Driving a commercial motor vehicle without obtaining a CDL? ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Driving a commercial motor vehicle without a CDL in your possession? ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Driving a commercial motor vehicle without the proper CDL class and/or endorsement for the specific vehicle group being operated or for the passengers or type of cargo being transported? ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Texting while operating a commercial motor vehicle? ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Using a hand-held mobile phone while operating a CMV? ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any offense while driving a CMV involving a railroad crossing? ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have you had any conviction for a violation of military, state, or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with a traffic accident or a record of an accident in which you were at fault? YES NO

I certify under penalty of perjury that the information on this form is true and correct to the best of my knowledge, information and belief.

SIGNATURE OF APPLICANT

DATE

TRAINING/VALIDATION OFFICE CERTIFICATION

During the two years immediately preceding the date of this application, or immediately preceding discharge from the military, the applicant held a Military Operators Permit and operated vehicles representative of the FMCSA 49 CFR Subpart F 383.91 classification(s) checked below. Check all that apply.

CLASS A Any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more, if the vehicle(s) being towed has a gross vehicle weight rating (GVWR) of more than 10,000 pounds. (e.g. tractor-trailers, truck and trailer combinations)

EXAMPLES OF VEHICLES IN CLASS



CLASS B Any single vehicle with a GVWR of 26,001 pounds or more, and any such vehicle towing another vehicle with a GVWR of 10,000 pounds or less. (e.g. straight trucks, large buses, segmented buses, trucks towing vehicles with GVWR of 10,000 pounds or less)



The vehicle the service member operates **HAS** a **pintle hook connection**: ----- YES NO
 The vehicle the service member operates **IS** equipped with a **full air brake system**: ----- YES NO
 The vehicle the service member operates **IS** equipped with an **air-over hydraulic braking system**: ----- YES NO
 The **transmission** in vehicle the service member operates is: ----- Automatic Manual

APPLICANT EXPERIENCE IN DETAIL

TRAINING/VALIDATION OFFICE PRINTED FULL NAME (inc. Rank)

TELEPHONE NUMBER

TRAINING/VALIDATION OFFICE SIGNATURE

DATE

COMMANDING OFFICER CERTIFICATION

COMMANDING OFFICER'S PRINTED FULL NAME (inc. Rank)

BRANCH OF SERVICE

COMMAND ADDRESS

TELEPHONE NUMBER

E-MAIL ADDRESS

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.

SIGNATURE OF COMMANDING OFFICER

DATE

Completed form signed by applicant and commanding officer can be submitted to the Motor Vehicle Division, Commercial Driver License Unit by:

Mail: Motor Vehicle Division
 Commercial Driver License Unit
 2546 Camino Entrada
 Santa Fe, NM 87507

Fax: (505) 476-1578

E-mail: NMCDL.HelpDesk@state.nm.us