**New Mexico Taxation & Revenue Department, Motor Vehicle Division**

**Driver Certification for Issuance of a Commercial Driver’s Permit or License**

Any falsification of required information may result in the immediate cancellation of the Applicant’s CDL and any CDL Endorsements and may result in prosecution.

### Applicant Information

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Driver’s License Number</th>
</tr>
</thead>
</table>

### Applicant Certification

- I certify that the Commercial Motor Vehicle in which I will take my skills tests is representative of the type of motor vehicle I will operate or expect to operate, or representative of the Endorsement for which I have applied.

- I certify that I am not subject to any license disqualification, suspension, revocation, or cancellation under state law and that I do not have a non-commercial or commercial driver license from more than one state or jurisdiction.

- I certify that my current CDL driver category is as indicated below (check the one that applies).

  - **NI – Non-Excepted Interstate**
    - I am an interstate driver, and I am required to meet the Federal DOT medical card requirements.
  
  - **EI – Excepted Interstate**
    - I am an interstate driver, and I do not have to meet the Federal DOT medical card requirements.
  
  - **NA – Non-Excepted Intrastate**
    - I am an intrastate driver, and I am required to meet the medical requirements of the State of New Mexico.
  
  - **EA – Excepted Intrastate**
    - I am an intrastate driver, and I do not have to meet the medical requirements of the State of New Mexico.

- I certify that within the past ten (10) years, I have been previously licensed in the following state(s) to drive any type of motor vehicle. List states, from the most current to the least current.

  1. ________________________________
  2. ________________________________
  3. ________________________________
  4. ________________________________
  5. ________________________________
  6. ________________________________
  7. ________________________________
  8. ________________________________
  9. ________________________________
  10. ______________________________

Applicant’s Signature | Date