



♡ Talk to your family about your organ donor decision.

STATE OF NEW HAMPSHIRE
DIVISION OF MOTOR VEHICLES
COMMERCIAL DRIVER LICENSE APPLICATION

(PRINT CAREFULLY)

ORIGINAL RENEWAL DUPLICATE REPLACEMENT

Are you a United States Citizen? Yes No Reason:

NAME FIRST MIDDLE LAST

MAILING ADDRESS PERMANENT ADDRESS

TOWN/CITY STATE ZIP TOWN/CITY STATE ZIP

S.S. # DATE OF BIRTH MONTH DAY YEAR SEX

HEIGHT WEIGHT EYES HAIR

Check Here ♡ To Consent to Organ & Tissue Donation pursuant to RSA 263:41. Donation information will be provided to federally-designated organizations so that your decision to donate may be honored.

- A - Combination of Vehicles \$60.00
B - Single Vehicles weighing 26,001 lbs. or more \$60.00
C - Single Vehicles weighing 26,000 lbs. or less... \$60.00
H - Hazardous Materials (Requires TSA Fingerprint Clearance) \$10.00
N - Tank Vehicles \$10.00
P - Passenger Vehicles (16 or more occupants) \$10.00
S - School Bus \$10.00
T - Double / Triple Vehicles \$10.00
M - If you hold a current OUT-OF STATE license... \$90.00
M - If you hold a current NEW HAMPSHIRE license... \$ 5.00

Is the vehicle you currently operate or intend to operate equipped with air brakes? Yes No

DMV USE ONLY:

PAYMENT METHOD: CASH CHECK* CREDIT CARD

*Make check payable to NH-DMV

DSMV 312 (Rev.05/09)

CERTIFICATIONS

Are you a resident of the state of New Hampshire? (As a resident you may be liable for the Interest and Dividends Tax (RSA 77). Contact Dept. of Revenue Admin., 45 Chenell Drive, Concord, 03301 (603) 271-2191). Yes No

Have you paid all New Hampshire Resident Taxes for which you are liable? Yes No

Do you have any physical or mental handicaps which are detrimental or would incapacitate you from holding a license? Yes No

Is your license and / or operating privileges to drive a motor vehicle or commercial motor vehicle under default, suspension or revocation, in this or any other state or country? Yes No

Have you been disqualified from operating any motor vehicle within the past two (2) years? Yes No

Are you required to file proof of insurance by any state/country as a result of a default, suspension, revocation or motor vehicle accident? Yes No

Do you meet the Federal Driver qualifications and requirements for interstate commerce (Federal Motor Carrier Safety Regulations, Part 391)? Yes No

During the two (2) years immediately prior to this application, have you at anytime held a valid commercial driver license OTHER than the one issued by the state of Primary Residence? Yes No

In the past two (2) years, were you involved in a motor vehicle accident which resulted in your violation of any local or state motor vehicle law? Yes No

I certify that the vehicle I am about to take the driving skills test in is representative of the type of vehicle that I am operating or expect to operate. Yes No

I am 18 years old and consent to registration with the Selective Service System, as required by Federal Law. Yes No

Do you wish to have only your mailing address appear on your driver license? Yes No

Do you wish to have your social security number displayed on your driver license? Yes No

1. My most recent license is/ was a Commercial Driver License Yes No

2. Class of License:

3. Date of Expiration: Month Day Year

4. Name appearing on License:

5. License / Identification Number:

6. State or Country of Issue:

7. List Restrictions appearing thereon:

8. List all Endorsements appearing thereon:

9. List all states you have held a license with for the last 10 years:

SIGNATURE DATE

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.