State of Florida
Department of Highway Safety and Motor Vehicles
Division of Motorist Services

Certification for Waiver of Skill Test for Military Personnel

This form is used by active duty military, guard, reservist, or military personnel who have separated from service no more than 90 days before this application date. The form is to be completed by you and your commanding officer and returned to the driver license office. If you do not meet all of the requirements listed, you will be required to successfully pass the Commercial Driver License Skills Tests.

Applicant Information & Certification (Please initial compliance to each certification requirements)

___________________________________ ___________________________ ___________________________________________
First Name      Middle Name      Last Name
____________________________________________________________________________________
Date of Birth     Driver License Number

_____ For at least two years immediately preceding this application, I have operated a motor vehicle representative of the Commercial Driver License classification I am applying to operate.

_____ I have not had more than one license (except in the instances specified in § 383.21(b));

_____ I have not had any license suspended, revoked, or canceled;

_____ I have not had any convictions for any type of motor vehicle for the disqualifying offenses contained in § 383.51(b);

_____ I have not had more than one conviction for any type of motor vehicle for serious traffic violations;

_____ I have not had any conviction for a violation of State or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with any traffic accident, and have no record of an accident in which I was at fault.”

I certify that the statements indicated by my initials are true and correct to the best of my knowledge.

___________________________________________________________ ______________________________________________________
Signature        Date
**Employer Certification**

Please indicate the vehicle classification this applicant is qualified to operate:

**Class A** – Truck-trailer combinations with a combined Gross Vehicle Weight Rating (GVWR) of 26,001 or more, provided the towed vehicle is more than 10,000 lbs.

_____Yes  _____No

Was the Class A vehicle trailer a ‘Semitrailer’? (Any vehicle without motive power designed to be coupled to or drawn by a motor vehicle and constructed so that some part of its weight and that of its load rests upon or is carried by another vehicle)

_____Yes  _____No

Was the Class A towing vehicle a ‘Truck tractor’? (A motor vehicle which has four or more wheels and is designed and equipped with a fifth wheel for the primary purpose of drawing a semitrailer that is attached or coupled thereto by means of such fifth wheel and which has no provision for carrying loads independently)

_____Yes  _____No

**Class B** – Straight trucks weighing 26,001 lbs. Gross Vehicle Weight Rating or more. These vehicles may also tow vehicles with a GVWR of 10,000 lbs or less.

_____Yes  _____No

Was the applicant qualified to operate vehicles designed to carry 16 or more persons, including the driver?

_____Yes  _____No

Was the vehicle used to transport children to and from school?

_____Yes  _____No

Was the vehicle equipped with air brakes?

_____Yes  _____No

(Certification by Commanding Officer or Transportation Officer)

I certify that ________________________________ has operated vehicles representative of the classification listed on this application for at least two years prior to this date __________________________.

Name:____________________________________ Rank: ______________________________________

Address:______________________________________________________________________________

Telephone number:_______________________________________________________________________

Signature__________________________________________Date______________________________________