

Hours vary by location, visit dmv.vermont.gov or call 888-99-VERMONT (888-998-3766) for hours and office locations

CDL CLASS

- A. Any combination of vehicle with GCWR of 26,001 pounds or more, providing the towed unit has GVWR of 10,001 pounds or more.
- B. Single vehicles with GVWR of 26,001 pounds or more, providing any towed vehicle has GVWR of 10,000 pounds or less.
- C. Single vehicles with GVWR of 26,000 pounds or less, transporting placarded hazardous materials or designated to carry 16 or more passengers (including driver). These vehicles may tow a vehicle with GVWR of 10,000 pounds or less.

PROOF OF IDENTITY

You must present the required documents from each of these four categories.

1. **Identity and date of birth.** Each applicant is required to show documentary proof of identity and date and place of birth. Proof of identity shall be **one (1) source document** from the following list. Documents must contain the full name and date of birth and must be verifiable, i.e., we must be able to contact the issuing agency to determine the authenticity of the document.
 - Valid, unexpired U.S. passport.
 - Certified copy of a birth certificate filed with a State Office of Vital Statistics or equivalent agency in the individual's State of birth.
 - Consular Report of Birth Abroad (CRBA) issued by the U.S. Department of State, Form FS-240, DS-1350 or FS-545.
 - Valid, unexpired Permanent Resident Card (Form I-551) issued by DHS or USCIS.
 - Certificate of Naturalization issued by DHS, Form N-550 or Form N-570.
 - Certificate of Citizenship, Form N-560 or Form N-561, issued by DHS.
2. **Lawful status in the United States.** The documents required for proof of identity and date of birth will also establish lawful status in the United States, provided the Vermont DMV is able to authenticate and verify the documents under existing and available verification systems. The Vermont DMV uses a U.S. Department of Homeland Security program known as Systematic Alien Verification for Entitlements (SAVE) to electronically verify immigration documents issued by the U.S. Department of Homeland Security or U.S. Citizenship and Immigration Services.

Note: EDL is only available to US Citizens, See [VL-18](#) for requirements specific to EDL
3. **Social Security number.** The Vermont DMV must verify your SSN. Your name and date of birth will be verified with the Social Security Administration at the time of your application, through Social Security Online Verification (SSOLV). To document your SSN, present one of the following documents that contain your current name.
 - Your Social Security card
 - W-2 form (must show at minimum the last 4 of SSN)
 - 1099 form (must show at minimum the last 4 of SSN)
 - Pay stub with your name and Social Security number on it (must show at minimum the last 4 of SSN)
4. **Vermont residency and current residential address.** You must present *two documents* that include your name and current Vermont residential address that demonstrate residency in the state of Vermont.

<u>Fees</u>	4 Year License	2 Year License	Fees shown do <u>NOT</u> include any additional fees for endorsements, background checks or testing which may be required.
Total with no motorcycle endorsement	\$90.00	\$60.00	
Total with motorcycle endorsement (\$3.00/year)	\$102.00	\$66.00	

MANDATORY "GOOD STANDING" DECLARATION STATEMENTS

You are required to complete this section even if you do not have children and/or do not pay child support, do not owe taxes to the State of Vermont, or were never subject to any fines or fees.

Child Support (15 V.S.A. Section 795)

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A "license" is any license, certification, or registration issued by an agency to conduct a trade or business, including a license to practice a profession or occupation. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship. All child support questions should be directed to the **Vermont Office of Child Support at 800-786-3214**.

Tax Liability (32 V.S.A. Section 3113)

No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with, any person unless such person shall first sign a written declaration under the pains and penalties of perjury, that the person is in good standing with respect to or in full compliance with a plan to pay, any and all taxes due as of the date such declaration is made. "Good standing" means that no taxes are due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as reasonably possible, if the agency finds an unreasonable hardship. All tax questions should be directed to the **Vermont Department of Taxes at 802.828.2518**

District Court Fines / Judicial Bureau (4 V.S.A Section 1110)

Every applicant for a license shall sign a statement that the applicant is in good standing with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense. A license may not be issued or renewed without such a statement.

A person is in good standing with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense if:

1. 60 days or fewer have elapsed since the date a judgment was issued; or
2. the person is in compliance with a repayment plan approved by the judiciary

INTERSTATE COMMERCE means trade, traffic, or transportation in the United States –

1. Between a place in a State and a place outside of such State (including a place outside of the United States);
2. Between two places in a State through another State or a place outside of the United States; or
3. Between two places in a State as part of trade, traffic, or transportation originating or terminating outside the State or the United States.

INTRASTATE COMMERCE means any trade, traffic, or transportation in any State which is not described in the term "interstate commerce".

383.71 DRIVER APPLICATION AND CERTIFICATION PROCEDURES.

NON-EXCEPTED INTERSTATE - A person must certify that he or she operates or expects to operate in interstate commerce, is both subject to and meets the qualification requirements under 49 CFR part 391, and is required to obtain a medical examiner's certificate by 391.45 of this chapter.

EXCEPTED INTERSTATE - A person must certify that he or she operates or expects to operate in interstate commerce, but engages exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all parts of the qualification requirements of 49 CFR part 391, and is therefore not required to obtain a medical examiner's certificate by 49 CFR 391.45 of this chapter.

NON-EXCEPTED INTRASTATE - A person must certify that he or she operates in intrastate commerce and therefore is subject to State driver qualification requirements.

EXCEPTED INTRASTATE - A person must certify that he or she operates in intrastate commerce, but engages exclusively in transportation or operations excepted from all or parts of the State driver qualification requirements.

SCHOOL BUS ENDORSEMENT:

If you have a School Bus endorsement, you are required to successfully complete a [school bus clinic](#), submit a completed DOT physical and pass the School Bus exam.

- **School bus driver training clinics:** Classes have an enrollment maximum of 30. If you wish to be guaranteed a seat, you must register in advance. Walk-ins will not be accepted if the maximum number of students is in attendance. Please visit the DMV website to find dates and locations for the clinics.
- **School bus exam:** Required every four years. Please call **802.828.2085** to make an appointment for this re-exam, if required.

HAZMAT ENDORSEMENT:

The federal requirements for Hazmat drivers include:

- Completion of a HAZMAT knowledge test
- Completion of a [Federal Security Threat Assessment](#)
- Proof of U.S. citizenship or appropriate immigration status
- FBI Fingerprint check
- Federal criminal history background check; and
- Additional fees for fingerprinting and background check.

Please complete the [Federal Security Threat Assessment](#) at least 2 weeks before your scheduled appointment. Applicants **must** complete the Federal Security Threat Assessment online at <https://universalenroll.dhs.gov>, or call 855-DHS-UES1 (855-347-8371 between 8am – 10pm) prior to taking the Vermont endorsement examination.

DEPARTMENT OF MOTOR VEHICLES
 Agency of Transportation

I AM APPLYING FOR A (Check all that apply)			Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	DMV Validation Area
<input type="checkbox"/> Commercial License (CDL)	<input type="checkbox"/> Original Issue	<input type="checkbox"/> Upgrade Class		
<input type="checkbox"/> Commercial Permit (CDP)	<input type="checkbox"/> Duplicate/Corrected	<input type="checkbox"/> Renewal		
<input type="checkbox"/> Enhanced (ECDL) (See form VL-18)	<input type="checkbox"/> Transfer from Out of State	<input type="checkbox"/> Add Endorsement(s)		

Vermont Identification Information Do you now have, or did you ever have a Vermont:

 Driver License? Yes No
 Learner Permit? Yes No
 Non-Driver ID Card? Yes No
 If "Yes", enter the identification number on the Vermont License, Learner Permit, or Non-Driver ID card →

VERMONT LICENSE, PERMIT, or NON DRIVER ID CARD NUMBER

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LAST NAME

--

FIRST NAME

--

MIDDLE NAME

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Do you have a driver license that is valid or that expired within the past year, issued by another US State, the District of Columbia or a Canadian Province? Yes No

If "Yes", where was it issued? _____

Date of Expiration: _____ License Type: _____ License Number: _____

Address Where You Get Your Mail (mailing address) - Include Street Number and Name (If PO or Private Box, also fill in "Address Where You Live" below)

	City or Town	State	Zip Code
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Address of Residence (physical address) - this address will be printed on the license

	City or Town	State	Zip Code
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Social Security Number:	Date of Birth:	Place of Birth (City, State & Country):
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The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

Gender:	Eye Color:	Height:	Weight:	Bring your birth certificate with you at the time of application, as you may be required to show proof of your age.
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Name, Address or Other Changes (if address change required for voter registration, complete voter registration on last page)

Has your name changed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your mailing address changed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the physical address changed? <input type="checkbox"/> Yes <input type="checkbox"/> No	My Original CDL/CDP has been: <input type="checkbox"/> Surrendered <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> N/A
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If "Yes", print your former name exactly as it appeared on last license

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OTHER CHANGE:

What is the change and the reason for it (new license class, wrong date of birth, etc.)?

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Do Not Write Below	Continue to Page #2	Do Not Write Below	Continue to Page #2
PID _____ <input type="checkbox"/> Create <input type="checkbox"/> Name Chg (231) <input type="checkbox"/> DOB Chg (231) <input type="checkbox"/> Misc Chg (231) POB Gender Eye Height Weight <input type="checkbox"/> Mail Address (232) <input type="checkbox"/> SSN# Chg (232) <input type="checkbox"/> Phys Address (233) Add Chg <input type="checkbox"/> Class Chg <input type="checkbox"/> End Chg <input type="checkbox"/> Rest Chg	Endorsements <input type="checkbox"/> A - M & S <input type="checkbox"/> B - M & V <input type="checkbox"/> H - HazMat <input type="checkbox"/> M - MTC <input type="checkbox"/> N - Tanker <input type="checkbox"/> P - Passenger <input type="checkbox"/> S - SB Type I <input type="checkbox"/> T - Double/Triple <input type="checkbox"/> V - SB Type II <input type="checkbox"/> X - H & N Voter Registration <input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictions <input type="checkbox"/> B - Corr Lens <input type="checkbox"/> C - Mech Aid <input type="checkbox"/> D - Prosthetic <input type="checkbox"/> E - Auto Tran <input type="checkbox"/> F - No Alcohol <input type="checkbox"/> J - Other <input type="checkbox"/> K - Intrastate <input type="checkbox"/> L - No Air Brake <input type="checkbox"/> M - No A Bus <input type="checkbox"/> QCDL <input type="checkbox"/> Print NBE	Class D LIC Expires Next DOB Years Remain OOS LIC # OOS State & EXP Date Issue Date Exp Date
			CDL (59) Credit for Driver Lic () Sub-Total MTC Endorse (71) Permit (61) EDL (33) Duplicate (65) Endorsement Exam (67) First Exam (63) Skills Test (85) Credit for Skills Deposit () Total
RATER # _____			

CDL CERTIFICATIONS

1) Do you need glasses or contact lenses when driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Do you have a history of a physical or mental condition including diabetes, epilepsy, seizures or blackouts (other than properly corrected eyesight) that could affect your ability to safely operate a motor vehicle? If 'Yes' indicate condition(s)/medication(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Are you a veteran of the US Military and want " VETERAN " printed on your License? If so, you must fill out Vermont Certificate of Veteran Status (DMV Form VG-168) unless you have previously submitted it.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) If your License contains a school bus endorsement , do you wish to keep it? (additional testing and documentation required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) If your License contains a motorcycle endorsement, do you wish to keep it? (\$3 additional per year)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Do you wish to be registered as an organ & tissue donor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Do you certify that you are a Vermont Resident? ¹	
8) Is your license suspended, revoked or cancelled in this or any other State or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Do you have a driver's license from more than one State or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) a) Are you a U.S. Citizen, or b) If 10a is no, do you have a valid unexpired Permanent Resident Card (I-551).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11) Are you subject to any disqualification under 383.51?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Do you transport hazardous materials that require placards? If yes, you must comply with Transportation Security Administration requirements codified in 49 CFR Part 1572. A lawful permanent resident of the United States requesting a hazardous materials endorsement must additionally provide his/her U.S. Citizenship and Immigration Services (USCIS) Alien registration number.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Question 13 - FIRST TIME APPLICANTS ONLY

13	I have been convicted of a violation of 23 V.S.A. 4116(a) or a comparable offense in any jurisdiction within the preceding three (3) years. If yes, please explain on a separate page.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I certify that I have not held a license (commercial or non-commercial) from any other State in the last ten years	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I certify that I have held a license (commercial or non-commercial) from the following State(s) in the last 10 years. Please list State(s) & license numbers:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Check the Appropriate Box (you must check one). If you select Non-Excepted Interstate or Non-Excepted Intrastate, you must provide a current medical certificate. See back of this page for definitions.

<input type="checkbox"/>	Non-Excepted Interstate (NI) (Current medical certificate required)	I certify that I operate or expect to operate in interstate commerce, and I am both subject to and meet the qualification requirements under 49 CFR part 391, and I am required to obtain a medical examiner's certificate by 49 CFR §391.45.
<input type="checkbox"/>	Non-Excepted Intrastate (NA) (Current medical certificate required)	I certify that I operate only in intrastate commerce and therefore I am subject to and meet the State's driver medical qualification requirements. License will include restriction "K".
<input type="checkbox"/>	Excepted Interstate (EI) (Medical certificate NOT required)	I certify that I operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted under 49 CFR §§390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391, and I am therefore not required to obtain a medical examiner's certificate by 49 CFR §391.45.
<input type="checkbox"/>	Excepted Intrastate (EA) (Medical certificate NOT required)	I certify that I operate in intrastate commerce, but engage exclusively in transportation or operations excepted from all or parts of the State's driver medical qualification. License will include restriction "K".

Vermont Mandatory "Good Standing" Declarations

Child Support	Child Support Orders, 15 V.S.A. § 795c: As of the date of this application: (you must check one) <input type="checkbox"/> I am not subject to a child support order; OR <input type="checkbox"/> I am subject to a child support order and am in good standing or in full compliance with a plan to pay; OR	<input type="checkbox"/> I am not in good standing or in full compliance with a plan to pay.
Vermont Taxes	Tax Compliance, 32 V.S.A. § 3113b: As of the date of this application: (you must check one) <input type="checkbox"/> No taxes are due and payable and all required returns have been filed; OR <input type="checkbox"/> I have never lived or worked in Vermont and do not owe Vermont taxes; OR <input type="checkbox"/> The liability for any taxes due and payable is on appeal; OR	<input type="checkbox"/> I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR <input type="checkbox"/> I am not in good standing with the Vermont Department of Taxes or in full compliance with a plan to pay.
Judicial Bureau	Unpaid Judgments, 4 V.S.A. § 1110b&c: As of the date of this application: (you must check one) <input type="checkbox"/> I do not have any unpaid judgments <input type="checkbox"/> I am in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR	<input type="checkbox"/> I am not in good standing.

VOTER REGISTRATION QUESTIONS **NOTE:** If you do not check either box, you will be considered to have decided not to register to vote.

Would you like to register to vote, or if you are changing your address, would you like the Secretary of State to be notified?
 Yes - Complete Voter Registration Application (next page) or No - I Decline to Register/Already Registered

I hereby affirm, under penalty of perjury, that the information on this form is true to the best of my knowledge. If taking the driving test, I certify the vehicle in which I take my driving test is representative of the vehicle class and type that I intend to operate. This declaration made under penalties of 23 VSA § 202 & § 4110 and 32 VSA § 3113.

Phone Number	Email Address
Signature of Applicant	Date

¹ 23 VSA § 4 "Resident,"...means any person living in the State who intends to make the State his or her principal place of domicile either permanently or for an indefinite number of years. Without limiting the class of nonresidents under the provisions of this subdivision, persons who live in the State for a particular purpose involving a defined period of time, including students, migrant workers employed in seasonal occupations, and persons employed under a contract with a fixed term, are not residents for purposes of this title only....

VERMONT Application for Addition to the Checklist (VT VOTER REGISTRATION FORM)

17 V.S.A. § 2145

(Please print clearly, use ballpoint pen, and bear down hard.)

I, _____ apply to have my name
(Last Name) (First Name) (Middle Initial)

added to the checklist of the Town/City of _____.

By checking the boxes below, I swear or affirm that these are true statements:

- Yes No Are you a citizen of the United States?
- Yes No Will you be eighteen years of age or older on or before the day of election?
- Yes No Are you a resident of Vermont?

If you checked "No" in response to any of the three questions above, DO NOT complete this form. You are not qualified to vote in Vermont. Contact the Office of the Secretary of State, Elections Division, for more information at (800) 439-8683.

I was born on _____ at _____,
(Date) (Town or City) (State)

My principal dwelling is located at: _____
(E911 street address including number or exact physical location, if no E911 address)

Mailing Address: _____ Tel. #: _____

Email: _____ (optional - for contact purposes only).

By registering to vote in the above named town in Vermont, I authorize my name to be removed from the list of registered voters in any previous place where I was registered to vote.

The last address I was registered to vote at: _____
(Physical location – include number, street, town, state and zip code)

I was previously registered with a different last name of: _____.

My VT Driver's License or Personal I.D. # (PID#) issued by VT DMV is _____. This # is REQUIRED.

If you do not have a VT Driver's License or PID# issued by VT DMV enter the last 4 digits of your Social Security Number: _____. If you do not have a VT PID#, or SSN, please contact the Office of the Secretary of State, Elections Division, (800)439-8683.

By checking this box I swear or affirm that: I have taken the Voter's Oath

I meet all of the eligibility requirements to vote in this municipality. I hereby swear, or affirm, under penalty of perjury and other potential federal or state criminal penalties of up to a \$10,000 fine, or imprisonment for not more than fifteen years, or both, that the statements made by me in this application are true. (17 V.S.A. § 2145(f); 17 V.S.A. § 2011; 42 U.S.C. § 1973gg-10).

Today's Date

Applicant's Signature

First time Registrants in Vermont must take the voter's oath. You must be 18 to take the oath:

VOTER'S OATH (Vermont Constitution, Chapter II, Section 42): "You solemnly swear or affirm that whenever you give your vote or suffrage, touching any matter that concerns the State of Vermont, you will do it so as in your conscience you shall judge will most conduce to the best good of the same, as established by the Constitution, without fear or favor of any person."

The person administering the oath or the applicant must sign the certification below.

I hereby certify that on the ___ day of _____, 20___, I administered the Voter's Oath to the applicant, or I, the applicant, took the oath myself. Any person over 18 or the applicant can sign to attest that the oath was taken.
(Check box above & sign.) Attestation: _____

Signature of Attester

ONLY if you are registering to vote for the 1st time in Vermont, AND you are mailing this application to your town clerk individually, you must submit a photocopy of one of the following: current & valid photo identification OR bank statement, utility bill, or government document with your name and current address. (Do not submit I.D. if you have been previously registered in VT, if this form is submitted as part of a voter registration drive, or if you return this form to the clerk's office in person.)

FOR OFFICIAL USE: The Town Clerk OR the BCA has reviewed the application AND the applicant was added to the checklist. The applicant's usual polling place is: _____. OR the applicant was rejected and NOT added to the checklist. The reason(s) for rejection are: _____.

Signature of town clerk: _____
Date Entered on Checklist: _____ Date Notification Sent to Voter: _____ Date Approved: _____

KEEP THE PINK COPY OF THIS APPLICATION FORM. Contact your Town Clerk to make sure your application has been received. Bring pink copy to the polls when you go to vote. This is proof you have submitted an application before the deadline for registration.