



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

## CDL MILITARY EVEN EXCHANGE APPLICATION

**Qualified and eligible military service members** with certain MOS/Rating may use this application to apply to exchange their military Commercial Motor Vehicle (CMV) training and experience for an Ohio CDL. This application applies to the issuance of an **initial CDL only** and cannot be used for upgrades or restriction changes. These members must be active service members or be within 12 months of discharge and provide the proper documentation to support any information certified in this application. A completed, acceptable and verified application/documentation will be exchanged for a CDL, with the appropriate endorsements, without CDL knowledge or skills testing. The appropriate CDL fee will apply. The applicant must meet all the CDL and other licensing requirements.

**This Exchange program does not apply to the School Bus (S) endorsement.** *Reference: ORC 4506.06*

### APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE)	STATE DRIVER LICENSE NUMBER (REQUIRED)		EMAIL	
BRANCH OF SERVICE	DATE OF DISCHARGE		MOS/RATING	
RESIDENCE ADDRESS (STREET)	CITY	STATE	ZIP CODE	TELEPHONE NUMBER

### DRIVER RECORD CERTIFICATION

<b>During the two-year period immediately preceding this date:</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you had more than one driver license (except for a military license)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Has your license been suspended, revoked, cancelled or disqualified in this or any state?
<b>Have you been convicted of any violations described below in any motor vehicle?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Being under the influence of alcohol as prescribed by state law?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Being under the influence of a controlled substance?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Having an alcohol concentration of .04 percent or greater while operating a CMV?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Refusing to take an alcohol test as required by a State under its implied consent laws or regulations as defined in 49 CFR §383.72?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Leaving the scene of an accident?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Using the vehicle to commit a felony (other than manufacturing, distributing, or dispensing a controlled substance)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Driving a CMV while your CDL is revoked, suspended, cancelled, or you are disqualified from operating a CMV?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Causing a fatality through the negligent operation of a CMV (including motor vehicle manslaughter, homicide by vehicle, or negligent homicide)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Using the vehicle in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance?
<b>Have you had more than one conviction for any of the violations described below in any type of motor vehicle?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Speeding in excess of 15 mph or more above the posted speed limit?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Driving recklessly, as defined by State or local law or regulation (including offenses of driving a motor vehicle in willful or wanton disregard for the safety of persons or property)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Making improper or erratic lane changes?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Following the vehicle ahead too closely?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Violating State or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with a fatal accident?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Driving a CMV without obtaining a CDL?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Driving a CMV without a CDL in the driver's possession?

**DRIVER RECORD CERTIFICATION (continued)**

<b>Have you had more than one conviction for any of the violations described below in any type of motor vehicle?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Driving a CMV without the proper class of CDL and / or endorsements for a specific vehicle group being operated or for the passengers or type of cargo being transported?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Violating a State or local law or ordinance on motor vehicle traffic control prohibiting texting while driving?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Violating a State or local law or ordinance on motor vehicle traffic control restricting or prohibiting the use of a hand-held mobile telephone while driving?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you had any conviction for a violation of military, state or local law relating to motor vehicle traffic control (other than parking violation) arising in connection with any traffic accident and have no record of an accident in which you were at fault?
<b>Do you certify that you have the following military Commercial Motor Vehicle (CMV) driving experience?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you been regularly employed or were you regularly employed within the last 12 months in a military position requiring the operation of a military motor vehicle that was representative of a CMV?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were you exempted from the CDL licensing requirements for driving a military vehicle on state roads and highways in accordance with 49 CFR §383.3 (c)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you operated a military motor vehicle representative of the (CMV) that you operate or expect to operate, for at least the 2 years immediately preceding discharge from the military?
<i>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. I understand that any misrepresentation of the answers above will lead to immediate cancellation of my CDL driving privileges.</i>	
APPLICANT SIGNATURE	DATE
<b>X</b>	




**COMMANDING OFFICER'S CERTIFICATION OF MEMBER'S COMMERCIAL DRIVING EXPERIENCE**

COMMANDING OFFICER'S NAME (LAST, FIRST, MIDDLE)		TELEPHONE NUMBER			
EMAIL					
STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY
COMMANDING OFFICER UNIT		UNIT ADDRESS IF DIFFERENT FROM ABOVE			
SERVICE MEMBER'S DATES OF DRIVING EXPERIENCE		EXPIRATION DATE (US Gov't Motor Vehicle Operator Identification Card/License)			

**COMMANDING OFFICER'S VERIFICATION OF SERVICE MEMBER'S MOS / RATING**

(SERVICE MEMBERS MUST HAVE ONE OF THESE MOS / RATINGS TO QUALIFY) CHECK ONE:

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>88M</b>	<b>92F</b>	<b>2T1</b>	<b>2F0</b>	<b>3E2</b>	<b>3531</b>		<b>EO</b>

CHECK THE HIGHEST CLASS OF VEHICLES THE SERVICE MEMBER IS QUALIFIED AND IS LICENSED TO OPERATE:		
Class	Vehicle Description	Example of Vehicles in Group
A <input type="checkbox"/>	<b>Truck-Tractor/Semitrailer Combination</b> Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is <b>in excess</b> of 10,001 pounds.	
A <input type="checkbox"/>	<b>Non-Truck-Tractor/Semitrailer Combination</b> Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is <b>in excess</b> of 10,001 pounds ( <b>0 restriction will apply</b> ).	
B <input type="checkbox"/>	Any single vehicle with a GVWR of 26,001 or more pounds including buses.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	The service member is qualified to operate vehicles equipped with a <b>full air brake system</b> : (L restriction may apply)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	The service member is qualified to operate vehicles equipped with an <b>air-over-hydraulic</b> braking system: (Z restriction will apply)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	The service member is qualified to operate vehicles with the following <b>transmission</b> : <input type="checkbox"/> MANUAL <input type="checkbox"/> AUTOMATIC (If automatic, E restriction will apply)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	The service member is qualified to operate a <b>Passenger Vehicle (P)</b> designed to transport 16+ passengers?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	The service member is qualified to operate a <b>Tank Vehicle (N)</b> designed to transport 1000+ gallons of liquid or gaseous material?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	The service member is qualified to operate a <b>Vehicle carrying Hazardous Materials (H)</b> : (*Valid TSA approval is required)?	

***I certify that the service member named on the front of this document is qualified for this waiver/exchange due to him or her being assigned to a job/assignment requiring the operation of a commercial motor vehicle and that the service member's driving experience has been verified; and the information provided herein is true and correct to my knowledge, information and belief. I also certify that I am an officer of the Armed Forces.***

COMMANDING OFFICER'S NAME / RANK	DATE
SIGNATURE <b>X</b>	DATE

*Authority of Article 136, Uniform Code of Military Justice or 10 U.S.C. 1044a*

*The Commanding Officer (CO) must email the completed/signed application along with the member's Military ID / License or documentation to verify his or her training and experience to the Ohio Department of Public Safety Office, CDL Division at [OHBMVCDLEexam@dps.ohio.gov](mailto:OHBMVCDLEexam@dps.ohio.gov) The application will be verified by the CDL Division and a corresponding/confirmation email will be sent to the CO and the applicant. After the application is confirmed, the applicant must present the approval notice to an Ohio Department of Public Safety Deputy Registrar within the approval time.*

<b>Ohio Department of Public Safety SOS Use Only:</b>		
<input type="checkbox"/> Required Documentation Verified	<input type="checkbox"/> Application Reviewed	<input type="checkbox"/> Application Approved <input type="checkbox"/> Waiver Applied
CDL SECTION STAFF MEMBER NAME		
SIGNATURE <b>X</b>	ISSUE DATE	EXP DATE

**Note:** Completed form and copies of required supporting documents can be taken to any BMV Driver Exam Station or emailed to [OHBMVCDLEexam@dps.ohio.gov](mailto:OHBMVCDLEexam@dps.ohio.gov) for processing.