DOT 4-764
(MVS 2/99)

STATE OF HAWAII

APPLICATION FOR COMMERCIAL DRIVER'S LICENSE

(Print carefully - use ink or ball point pen)

D/L USE ONLY

Date: _____

DOC Verified

By: _____ D & T _____

CHECK TRANSACTION REQUESTED

☐ ORIGINAL ☐ LICENSE RENEWAL ☐ OUT OF STATE TRANSFER

☐ INSTRUCTION PERMIT (Duplicate, Renewal) ☐ DUPLICATE (Temporary, Lost, Name, Change/Address) ☐ REINSTATEMENT

☐ ENDORSEMENT ☐ UPGRADE

SOCIAL SECURITY NUMBER	DATE OF BIRTH MO. DAY YEAR	PLACE OF BIRTH	DAYTIME TELEPHONE NUMBER
— —			

NAME (Last, first, Middle)

MAILING ADDRESS (Street or P.O. Box, City, State, Zip Code)

HOME ADDRESS (Street or P.O.Box, City, State, Zip Code)

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SEX
FT. IN.	LBS.			☐ MALE ☐ FEMALE

OCCUPATION	BUSINESS ADDRESS

CURRENT DRIVER'S LICENSE (Number, Issuing State)

MARK THE BOXES FOR CLASS OF LICENSE AND ENDORSEMENTS YOU NEED.

Class ☐ A ☐ B ☐ C

Endorsements: ☐ T ☐ P ☐ N ☐ H ☐ X

Air Brakes: ☐ Yes ☐ No

Combinations: ☐ Yes ☐ No

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX.

		YES	NO
1.	Do you wish to be an organ donor? If yes, initial here _____	☐	☐
2.	Do you wear contact lenses?	☐	☐
3.	Do you meet all the requirements contained in the federal regulations?	☐	☐
4.	Do you have a driver's license from more than one state or licensing jurisdiction?	☐	☐
5.	Has any part of your driving privileges been suspended, revoked, refused or cancelled by any state, jurisdiction or the federal government? If yes, give date and briefly explain _____	☐	☐
6.	Are you disqualified from operating a commercial vehicle by any state, jurisdiction or the federal government? If yes, give date and briefly explain _____	☐	☐

I agree to submit to a chemical test, or tests of my blood, breath or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a police officer acting in accordance with Section 286-243, Hawaii Revised Statutes.

I, the undersigned do hereby certify that the above statements are to the best of my knowledge true and that the vehicles I drive are representative of the class marked above.

APPLICANT'S SIGNATURE _____ DATE: _____

EXAMINER'S SIGNATURE _____ STATION # _____ DATE _____

D/L USE ONLY

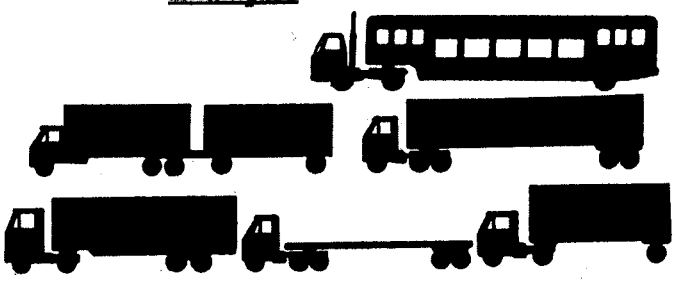
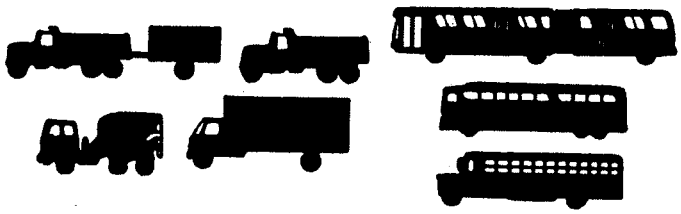
HEARING: ☐ Deaf ☐ Poor ☐ Good — **Examiner Initials** (Date)

VISION: ACUITY: With Correction: 20/ 20/ 20/ — **Examiner Initials** (Date)

COLOR: ☐ Red ☐ Green ☐ Normal Without Correction: 20/ 20/ 20/

Medical Screening: Requirements _____ — **Examiner Initials** (Date)

COMMERCIAL DRIVER LICENSE CLASSES, ENDORSEMENTS AND RESTRICTIONS

Class	Type of Vehicle	Examples
A	Any combination of vehicles with a gross vehicle weight rating (GVWR) of 26,001 pounds or more when the trailer being towed has a GVWR over 10,000 pounds.	
B	Any single vehicle with a GVWR of 26,001 pounds or more, or any combination of this vehicle towing a trailer with a GVWR of 10,000 pounds or less.	
C	Any single vehicle or combination of vehicles that meets neither the definition of A or B and designed to carry 16 or more persons or used and placarded to carry hazardous materials.	

Endorsements

T - Double/Triple Trailers

P - Passenger Vehicles

N - Tank Vehicles

H - Hazardous Materials

X - Hazardous Materials and Tank Vehicles

Restriction

You must pass the air brakes knowledge and skills tests to drive vehicles equipped with air brakes.