

**ASP**

https://asp.arkansas.gov  
 Arkansas State Police  
 #1 State Police Plaza Drive  
 Little Rock, AR, 72209

## CDL TEST WAIVER MILITARY APPLICATION

ASP - 262  
(09/26)

- Purpose:** Use this form to request a military waiver of the Commercial Driver's License (CDL) Skills and/or Knowledge Tests when applying for a CDL for vehicle classification representative of the Commercial Motor Vehicle (CMV) operated during military service.
- Instructions:** Completed form must be signed by applicant and commanding officer/designee and submitted to the Arkansas State Police CDL Testing Site. Completion of page 1 and 2 is required for a waiver of the Skills Test only. Completion of page 1 and 3 is required for a waiver of Skills AND Knowledge Tests.
- This form must be submitted within 24 months of the commanding officer/designee signature date.

| ELIGIBILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------|-----------------------|
| <b>To qualify for a CDL Skills (ONLY) Test Waiver, the applicant must meet the following eligibility requirements:</b> <ul style="list-style-type: none"> <li>▪ Be a Arkansas resident.</li> <li>▪ Hold a Arkansas driver's license or be eligible for an Arkansas driver's license.</li> <li>▪ Successfully pass the CDL Knowledge Tests.</li> <li>▪ Meet the requirements of FMCSA Regulation 383.77.</li> <li>▪ Present an Active Duty/Reservist Military ID Card, DD 214 (other-than-dishonorable discharge), DD 256 or NGB-22.</li> </ul> |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| <b>NOTE:</b> To qualify for a Knowledge AND Skills Test Waiver, the applicant must also present a Military Operator's Permit demonstrating proof of one of the Military Occupational Specialty (MOS) Codes listed on page 3 of this form.                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| APPLICANT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| APPLICANT FULL LEGAL NAME (print) (last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | (first)                                                                                                                                                                                                                                                                                 | (mi) | (suffix)                                                                                    | BIRTHDAY (mm/dd/yyyy) |
| DISCHARGE DATE (from DD214) (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | AR DL NUMBER                                                                                                                                                                                                                                                                            |      | SERVICE BRANCH (specify)                                                                    | EMAIL ADDRESS         |
| TELEPHONE NUMBER ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| APPLICANT DRIVING RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO I am regularly employed or was regularly employed within the last 12 months in a military position requiring operation of a commercial motor vehicle.                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO I was 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 For at least 2 years immediately preceding this application date if actively serving, or preceding the date of my military discharge, I operated a vehicle representative of the CDL classifications I am applying for.                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| <b>During the 2 years before the date of this application:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Have you had more than one license at a time? (except for a military license)                                                                                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> YES <input type="checkbox"/> NO Have you had any license suspended, revoked, or cancelled in this or any state?                                                                                                                                                |      |                                                                                             |                       |
| <b>During the 2 years before the date of this application, have you been convicted of any of the major offenses listed below?</b>                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Driving with a blood alcohol content (BAC) of 0.08% or greater (state law or local ordinance)?                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> YES <input type="checkbox"/> NO Using a vehicle to commit a felony?                                                                                                                                                                                            |      | <input type="checkbox"/> YES <input type="checkbox"/> NO                                    |                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Being under the influence of a controlled substance (state law or local ordinance)?                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO Driving a CMV when, as a result of prior violations committed operating a CMV, your CDL is revoked, suspended or canceled, or you were disqualified from operating a CMV?                                                      |      | <input type="checkbox"/> YES <input type="checkbox"/> NO                                    |                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Operating a CMV with a BAC of 0.04% or greater?                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> YES <input type="checkbox"/> NO Causing a fatality through the negligent operation of a CMV?                                                                                                                                                                   |      | <input type="checkbox"/> YES <input type="checkbox"/> NO                                    |                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Refusing a blood and/or breath test?                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO Using a vehicle to commit a felony involving a controlled substance?                                                                                                                                                           |      | <input type="checkbox"/> YES <input type="checkbox"/> NO                                    |                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Leaving the scene of an accident?                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| <b>During the 2 years before the date of this application, have you received more than one conviction for the serious traffic violations listed below while operating any type of motor vehicle (CMV or other)? Check the number of convictions for each violation.</b>                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | None                                                                                                                                                                                                                                                                                    | 1    | 2 or more                                                                                   |                       |
| <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more Speeding 15 or more miles per hour in excess of the posted speed limit?                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more Driving a commercial motor vehicle without a CDL in your possession?                                                                                                                        |      | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more |                       |
| <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more Driving recklessly?                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more Driving a commercial motor vehicle without the proper CDL class and/or endorsements for the specific vehicle group being operated or for the passengers or type of cargo being transported? |      | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more |                       |
| <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more Improper or erratic lane changes?                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more Texting while operating a commercial motor vehicle?                                                                                                                                         |      | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more |                       |
| <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more Following the vehicle ahead too closely?                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more Using a hand-held mobile phone while operating a CMV.                                                                                                                                       |      | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more |                       |
| <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more A violation in connection with a fatal traffic crash?                                                                                                                                                                                                                                                                                                                                                                                              |  | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more Any offense while driving a commercial motor vehicle involving a railroad crossing?                                                                                                         |      | <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more |                       |
| <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more Driving a commercial motor vehicle without obtaining a CDL?                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| <b>During the 2 years before the date of this application:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| <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?                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have any record of an accident in which you were at fault?                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| APPLICANT CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| I certify and affirm that all information I have presented in this form is true and correct, that any documents I have presented to ASP are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.                                                                                                               |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             |                       |
| APPLICANT SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                         |      |                                                                                             | DATE (mm/dd/yyyy)     |

### COMMANDING OFFICER/DESIGNEE SKILLS CERTIFICATION

**NOTE: Completion of this page authorizes ASP to waive the Skills Tests only. The applicant is still required to complete all required Knowledge Tests.**

During the 2 years immediately preceding discharge or, if still active duty, the date of this application, while under my command, the applicant held a Military Operators Permit and operated vehicles representative of the FMCSA 49 CFR Subpart F 383.91 classification(s) checked below.

**Check all that apply.**

- ☐ **Class A** Any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more, if the vehicle(s) being towed has a gross vehicle weight rating (GVWR) of more than 10,000 pounds. (eg: tractor-trailers, truck and trailer combinations)

- In this vehicle class, the applicant operated:

- ☐ Tractor Trailer

☐ Non - Tractor Trailer

☐ Vehicle equipped with full air brakes

☐ Vehicle equipped with air over hydraulic brakes

☐ Vehicle with no air brakes

☐ Automatic Transmission (ONLY) - No Manual

- ☐ **Class B** Any single vehicle with a GVWR of 26,001 pounds or more, and any such vehicle towing another vehicle with a GVWR of 10,000 pounds or less. (eg: straight trucks, large buses, segmented buses, trucks towing vehicles with GVWR of 10,000 pounds or less)

- In this vehicle class, the applicant operated:

- ☐ Vehicle equipped with full air brakes
- ☐ Vehicle equipped with air over hydraulic brakes
- ☐ Vehicle with no air brakes
- ☐ Passenger carrying vehicle (16 or more passengers)
- ☐ Automatic Transmission (ONLY) - No Manual
- ☐ School Bus (painted yellow, bearing the words "school bus" in black letters and equipped with warning devices, such as flashing lights and a crossing control arm)

- ☐ **Class C** Any vehicle that is not included in classes A or B and is either used to transport hazardous materials requiring federal placards, or is designed to carry 16 or more passengers, including the driver.

- In this vehicle class, the applicant operated:**

- ☐ Vehicle equipped with full air brakes
- ☐ Vehicle equipped with air over hydraulic brakes
- ☐ Vehicle with no air brakes
- ☐ Passenger carrying vehicle (16 or more passengers)
- ☐ Automatic Transmission (ONLY) - No Manual

I certify and affirm that all information I have presented in this section is true and correct, that any documents I have presented to ASP are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

|                                                                                  |      |       |          |                         |
|----------------------------------------------------------------------------------|------|-------|----------|-------------------------|
| COMMANDING OFFICER/DESIGNEE FULL LEGAL NAME (print) (last) (first) (mi) (suffix) |      |       |          | RANK                    |
| COMMAND ADDRESS                                                                  | CITY | STATE | ZIP CODE | TELEPHONE NUMBER<br>( ) |
| COMMANDING OFFICER/DESIGNEE SIGNATURE                                            |      |       |          | DATE (mm/dd/yyyy)       |

**NOTARIZATION OF COMMANDING OFFICER/DESIGNEE SIGNATURE (must be completed by notary public)**

|                                                              |                                    |                                  |
|--------------------------------------------------------------|------------------------------------|----------------------------------|
| State/Commonwealth of _____, city or county of _____         |                                    | NOTARY PUBLIC SEAL (if required) |
| subscribed and sworn to before me on this _____ day of _____ |                                    |                                  |
| (MONTH) (YEAR)                                               |                                    |                                  |
| by _____ in the city or county and state aforesaid.          |                                    |                                  |
| REGISTRATION NUMBER                                          | MY COMMISSION EXPIRES (mm/dd/yyyy) |                                  |
| NOTARY PUBLIC NAME                                           | NOTARY PUBLIC SIGNATURE            |                                  |

### COMMANDING OFFICER/DESIGNEE SKILLS/KNOWLEDGE CERTIFICATION

NOTE: Completion of this section authorizes ASP to waive the Skills and Knowledge Tests for the vehicle types noted below. Only applicants who held a Military Operator's Permit with one of the following Military Occupational Specialty (MOS) Codes noted below are eligible.

During the 1 year immediately preceding the date of this application, the applicant held a Military Operator's Permit with one of the following Military Occupational Specialty (MOS) Codes:

#### Military Occupational Specialty (MOS) Codes Eligible for Knowledge Test Waiver

| Branch of Service                                                    | Military Occupational Specialty (MOS) Code                                                                                                                          | Branch of Service                                                 | Military Occupational Specialty (MOS) Code                                                                                                                            |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>U.S. Army</b><br>Commanding Officer or designee initials:         | <input type="checkbox"/> 88M, Motor Transport Operator<br><input type="checkbox"/> 92F, Fueller<br><input type="checkbox"/> 14T, Patriot Launching Station Operator | <b>U.S. Navy</b><br>Commanding Officer or designee initials:      | <input type="checkbox"/> EO, Equipment Operator                                                                                                                       |
| <b>U.S. Marine Corps</b><br>Commanding Officer or designee initials: | <input type="checkbox"/> 3531, Motor Vehicle Operator                                                                                                               | <b>U.S. Air Force</b><br>Commanding Officer or designee initials: | <input type="checkbox"/> 2T1, Vehicle Operator<br><input type="checkbox"/> 2F0, Fueller<br><input type="checkbox"/> 3E2, Pavement and Construction Equipment Operator |

- ☐ **Class A** Any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more, if the vehicle(s) being towed has a gross vehicle weight rating (GVWR) of more than 10,000 pounds. (eg: tractor-trailers, truck and trailer combinations)
- In this vehicle class, the applicant operated:
- ☐ Tractor Trailer

☐ Non - Tractor Trailer

☐ Vehicle equipped with full air brakes

☐ Vehicle equipped with air over hydraulic brakes

☐ Vehicle with no air brakes

☐ Automatic Transmission (ONLY) - No Manual
- ☐ **Class B** Any single vehicle with a GVWR of 26,001 pounds or more, and any such vehicle towing another vehicle with a GVWR of 10,000 pounds or less. (eg: straight trucks, large buses, segmented buses, trucks towing vehicles with GVWR of 10,000 pounds or less)
- In this vehicle class, the applicant operated:
- ☐ Vehicle equipped with full air brakes

☐ Vehicle equipped with air over hydraulic brakes

☐ Vehicle with no air brakes

☐ Passenger carrying vehicle (16 or more passengers)

☐ Automatic Transmission (ONLY) - No Manual

☐ School Bus (painted yellow, bearing the words "school bus" in black letters and equipped with warning devices, such as flashing lights and a crossing control arm)
- ☐ **Class C** Any vehicle that is not included in classes A or B and is either used to transport hazardous materials requiring federal placards, or is designed to carry 16 or more passengers, including the driver.
- In this vehicle class, the applicant operated:
- ☐ Vehicle equipped with full air brakes

☐ Vehicle equipped with air over hydraulic brakes

☐ Vehicle with no air brakes

☐ Passenger carrying vehicle (16 or more passengers)

☐ Automatic Transmission (ONLY) - No Manual

I certify and affirm that all information I have presented in this section is true and correct, that any documents I have presented to ASP are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

|                                                            |         |               |                   |
|------------------------------------------------------------|---------|---------------|-------------------|
| COMMANDING OFFICER/DESIGNEE FULL LEGAL NAME (print) (last) | (first) | (mi) (suffix) | RANK              |
| COMMAND ADDRESS                                            | CITY    | STATE         | ZIP CODE          |
| TELEPHONE NUMBER<br>(      )                               |         |               | DATE (mm/dd/yyyy) |

#### NOTARIZATION OF COMMANDING OFFICER/DESIGNEE SIGNATURE (must be completed by notary public)

|                                                                                                                                                                                                                                                            |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| State/Commonwealth of _____, city or county of _____<br><br>subscribed and sworn to before me on this _____ day of _____<br><div style="text-align: center;">(MONTH)                      (YEAR)</div> by _____ in the city or county and state aforesaid. | NOTARY PUBLIC SEAL (if required)   |
| REGISTRATION NUMBER                                                                                                                                                                                                                                        | MY COMMISSION EXPIRES (mm/dd/yyyy) |
| NOTARY PUBLIC NAME                                                                                                                                                                                                                                         | NOTARY PUBLIC SIGNATURE            |