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United States Department of Transportation
Federal Motor Carrier Safety Administration

REQUEST FOR DATA TO STATE DRIVER LICENSING AGENCIES

Please complete the form below for a recent 12-month period and e-mail a PDF copy to: _____
(e-mail address)

no later than: _____
(due date)

This information is needed as soon as possible for Federal rulemaking purposes, as approved by the Office of Management and Budget, No.: _____

If unable to provide any requested items, please substitute where possible and attach an explanation of the substituted data. (CDL = Commercial Driver's License)

Please direct questions to: _____

Section

A

PERMITS AND CDLs (annually)

1. Commercial learners' permits issued: _____
2. Class A CDLs issued to first-time holders: _____
3. Other Class A CDLs issued: _____
(renewals, transfers, etc.)
4. Class B CDLs issued to first-time holders: _____
5. Other Class B CDLs issued: _____
(renewals, transfers, etc.)
6. Class C CDLs issued to first-time holders: _____
7. Other Class C CDLs issued: _____
(renewals, transfers, etc.)
8. Restricted CDLs issued (FRSI/Pyrotechnic): _____
(if possible, do not include in totals above)

Section

B

ENDORSEMENTS (annually)

1. First-time Passenger endorsements issued: _____
2. First-time School Bus endorsements issued: _____
3. First-time Hazmat endorsements issued: _____

Section

C

UPGRADES *(annually)*

1. Upgrades from Class B to Class A: _____
2. Upgrades from Class C to Class A or B: _____

Section

D

RESTRICTIONS *(annually)*

1. First-time intrastate-only limited CDLs issued: _____
(please include in Section A totals above)
2. Other intrastate-only CDLs issued *(renewals, etc.)*: _____
(please include where appropriate in Section A above)

Section

E

REINSTATEMENTS

1. Number of times commercial driving privileges reinstated: _____

Section

F

CDL HOLDERS *(aggregate)*

1. Valid Class A CDLs in existence: _____
2. Valid Class B CDLs in existence: _____
3. Valid Class C CDLs in existence: _____

Section

G

CDL SKILLS TESTS

"Failed" tests are also to be included in the "Administered" total.

1. Number of Class A skills tests ADMINISTERED: _____
2. Number of Class A skills tests FAILED: _____
3. Number of Class B skills tests ADMINISTERED: _____
4. Number of Class B skills tests FAILED: _____

**Section
H**

STATE

Enter the name of your state: _____

**Section
I**

12-MONTH PERIOD BEING REPORTED:

From: _____ To: _____

**Section
J**

**CONTACT PERSON FOR
DATA ON THIS FORM:**

Name: _____ Agency: _____

E-mail: _____ Phone: _____

**Section
K**

EXPLANATION OF DATA PROVIDED

(including any estimates or substituted data, if needed):