## MCSR 380.203 and 380.205 APPLICATION FOR LCV TRAINING

Driver's Name:

SSN : Location:			
Commercial Driver's License #: Sta	ate:		
Endorsements: Iss	sue Date:		
An individual must certify and provide evidence that; during the 6 month period preceding this application he/she:  Yes  No			
1. Has a valid class A CDL with a "double/triple trailers" endorsement.			
2.Does not have more than one driver's license.			
3. Does not have any suspension, revocation or cancellation of his/her CDL.			
4. Does not have any convictions of a major offense while operating a CMV as defined in sec 383.51 (b).			
5.Does not have any convictions for a railroad-highway grade crossing offense while operating a CMV as defined in 383.51(d) of this subchapter.			
6.Does not have any convictions for violating an out-of-service order as defined in sec. 383.51 (e).			
7. Does not have more than one conviction for a serious traffic violation, as defined in sec. 383.5 of this sub-chapter, while operating a CMV.			
8. Does not have any convictions for a violation of state or local law relating to motor vehicle traffic control arising in connection with any traffic crash while operating a CMV.			
9. Is regularly employed in a job requiring the operation of a CMV that requires a CDL with a "double/triple" endorsement.			
10. Has operated a class 'A' vehicle for atleast 6 months.			
Type of LCV he/she wishes to operate. Rocky Mountain Doubles	Triples		
Signature of Driver:			
Date:			
(Safety Department Use Only)			
Driver is eligible for LCV Training for:  LCV Doubles		LCV Triples	
Signature of Safety Department:.			
Data			

PLACE IN DRIVER QUALIFICATION OF FILE