



OHIO BUREAU OF MOTOR VEHICLES

APPLICATION FOR CDL/WAIVER FOR FARM RELATED SERVICE INDUSTRIES

INSTRUCTIONS:

CDL WAIVER FOR FARM RELATED SERVICE INDUSTRIES - This waiver applies to seasonal CDL drivers 1) Farm retail outlets and suppliers; 2) Agri-chemical businesses; 3) Custom harvesters and 4) Livestock feeders. The waiver allows a seasonal driver to obtain a restricted Class B CDL license without written/skills testing. This restricted license is limited to a seasonal period not to exceed 180 days in any 12 month period.

Please print and complete the entire application and return to: Ohio Bureau of Motor Vehicles, attn: Medical/Restricted, P.O. Box 16784, Columbus, Ohio 43216-6784. If you leave any of the areas blank, your application will not be accepted.

SECTION 1: Personal Data

Last Name	First Name	Middle Name	
Previous Name If Changed			Telephone Number
Mailing Address If Different Than Residence (Street)			
City	State	Zip Code	County
Residence Address (Street)			
City	State	Zip Code	County

FILL IN THIS SECTION ACCORDING TO YOUR CURRENT LICENSE

State Where License Issued		Class	Exp. Date / /	Endorsement	Restrictions	
Birthdate / /	Social Security Number		Sex M or F	Height	Weight	Eyes

SECTION 2: CHECK THE LINES THAT APPLY

<input type="checkbox"/> Farm retail outlet and/or supplier	<input type="checkbox"/> Custom harvester
<input type="checkbox"/> Agri-chemical business	<input type="checkbox"/> Livestock feeder

Each period specified must be a **minimum of 30 days**.

Examples: April 1 - September 27 (**180 days**) or;
February 15 - March 16 (**30 days**) & June 1 - October 28 (**150 days**)
for a **combined total of 180 days**.

INDICATE THE BEGINNING AND ENDING DATES BELOW.

From: / /	To: / /	From: / /	To: / /
From: / /	To: / /	From: / /	To / /
From: / /	To: / /	From: / /	To / /

SECTION 3: LICENSE RECORDS

- I hereby certify that my driving privileges are not currently suspended, revoked, cancelled or disqualified in this or any other state.

<input type="checkbox"/>	<input type="checkbox"/>
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- I have operated a motor vehicle in the one year period immediately preceding today's date.

<input type="checkbox"/>	<input type="checkbox"/>
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YES NO

SECTION 4: CHECK THE APPROPRIATE BOX FOR EACH STATEMENT**ALL QUESTIONS MUST BE ANSWERED - NO EXCEPTIONS:**

I certify that during the two year period immediately preceding this application for a CDL waiver that:

	YES	NO
1. I have not had a license in more than one state at the same time.	<input type="checkbox"/>	<input type="checkbox"/>
2. My license has not been suspended, revoked, cancelled or disqualified in this or any other state.	<input type="checkbox"/>	<input type="checkbox"/>
3. I have not been convicted in any type of motor vehicle for:		
A. Driving while intoxicated, driving while under the influence of alcohol (includes BAC) or driving while under a controlled substance.	<input type="checkbox"/>	<input type="checkbox"/>
B. Leaving the scene of an accident.	<input type="checkbox"/>	<input type="checkbox"/>
C. A felony involving the use of a commercial motor vehicle.	<input type="checkbox"/>	<input type="checkbox"/>
D. Speeding 15 or more MPH over the posted speed limit.	<input type="checkbox"/>	<input type="checkbox"/>
E. Reckless operation.	<input type="checkbox"/>	<input type="checkbox"/>
F. Following too closely.	<input type="checkbox"/>	<input type="checkbox"/>
G. Improper lane change/lane violation.	<input type="checkbox"/>	<input type="checkbox"/>
H. A violation of vehicular homicide.	<input type="checkbox"/>	<input type="checkbox"/>
4. I have not been convicted of any state law or county or municipal ordinance relating to the operation of any type of motor vehicle in connection with an at fault crash.	<input type="checkbox"/>	<input type="checkbox"/>
5. I have not refused to submit to a test of my blood, breath or urine for the purpose of determining alcohol concentration or the presence of a controlled substance.	<input type="checkbox"/>	<input type="checkbox"/>
6. I have not violated an out-of-service order.	<input type="checkbox"/>	<input type="checkbox"/>
7. I have not violated any of the prohibitions described above while transporting hazardous materials.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: ANSWER THE FOLLOWING DRIVER INFORMATION:**MARK THE TYPE OF VEHICLE YOU WILL BE DRIVING:**

- Straight Truck
- GVWR Power Unit
- GVWR Trailer

Air brake Equipped? YES NO

Vehicle designed to carry 16 persons or more, including the driver. _____ lbs. GVWR

Air Brake Equipped? YES NO**APPLICANT'S SIGNATURE**

If I make a false statement on this application and am issued a Restricted Commercial Driver License, I understand that my license will be cancelled upon discovery and that I will not be permitted to make APPLICATION FOR ANY TYPE OF LICENSE FOR A PERIOD OF ONE YEAR.

ANY PERSON GIVING FALSE INFORMATION IS SUBJECT TO PROSECUTION UNDER SECTIONS 4506.10 AND 4507.36 OF THE OHIO REVISED CODE.

X
APPLICANT'S SIGNATURE

TODAY'S DATE