



Application for Even Exchange CDL Military Knowledge and Skills Test Waiver Idaho Transportation Department

ITD 3143 (Rev. 1/24)
dmv.idaho.gov

As a participant in FMCSA's Even Exchange Program (Military CDL II), the Idaho Transportation Department (ITD) provides exemptions from the requirements to take both **knowledge and skills tests** with a CDL examiner for current or recently separated military personnel with certain verifiable experience operating heavy duty trucks while in military service.

Applying For A Military Commercial Driver's License (CDL) Knowledge and Skills Test Waiver

- Application must be made to ITD during active military service or within one year of separation from military service.
- This exemption is for **BOTH** the CDL knowledge test(s) and the CDL skills test; see ITD 3141 for a skills-only waiver.
- The applicant must possess a valid Idaho Driver's License at the time of application.
- Heavy vehicle driving experience must be current (within two years of date of application).

Required Documents To Submit To ITD

1. **Completed ITD Form 3143, Application for Even Exchange CDL Military Knowledge and Skills Test Waiver.** The *Commanding Officer's Certification of Commercial Driving Experience* (page 3) must be completed by your Provost Marshall, Company Commander, Department Head, or OIC.
2. **Copy of DD-2 (Active Duty Military ID Card) or DD-214 (Certificate of Release or Discharge from Active Duty).**
3. **Copy of Military Driver's License** that *clearly defines* the types of vehicles you are/were authorized to drive.
4. **If No Driver's License or Not Clearly Defined**, additional documentation is required such as:
 - a) **Verification of Military Experience and Training Document (VMET)** that clearly defines the types of vehicles you are/were authorized to drive, lists the gross vehicle weight rating (GVWR), gross vehicle weight (GVW), and whether the vehicles are equipped with air brakes that you are/were licensed to operate in the military (this form can be obtained by military personnel only by visiting www.dmdc.osd.mil), **or**:
 - b) **Documentation of the types of vehicles you operated or are/were licensed to operate in the military**, that lists the Gross Vehicle Weight Rating (GVWR), Gross Vehicle Weight (GVW), and if the vehicles are equipped with air brakes that you are/were licensed to operate in the military. The explanations need to be on military letterhead, signed by your Provost Marshall, Company Commander, Department Head or OIC.
5. **This Instruction Page** - Fill out and return with your application and required documents. Include:

Name _____
Email Address _____
Daytime Phone Number _____ Date Sent to ITD _____

Submit the completed application and supporting documents using one of the following methods:

Mail to:
Idaho Transportation Department
CDL Program
PO Box 7129
Boise, ID 83707-1129

Scan and E-mail to: CDLHelpDesk@ITD.Idaho.gov,
include a coversheet marked attn.: CDL Specialist

Please allow 10 days after submission for your application to be reviewed. You will be notified if your training is acceptable for an exemption from one or more CDL knowledge tests, skills tests, or both. After the exemption has been approved, you may visit a county driver's license office to be issued your CDL.

We appreciate your military service and look forward to helping you!

ITD Use Only

Date _____ Reviewed by _____ ☐ Approved ☐ Denied

Comments _____

Tracking Number _____ Entered By _____ **Microfilm: 63**



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The Commercial Driver License (CDL) knowledge and skills test waiver form may be used by service members who hold an Idaho driver's license and who are or were employed in a military position requiring the operation of a military equivalent to a commercial motor vehicle (CMV) within one year of application. This waiver allows qualified service members to obtain a CDL without first taking certain knowledge and skills tests, including the general knowledge tests and tests for the Passenger (P), Tank (N), and Hazardous Materials (H) endorsements. *The Doubles and Triples (T endorsement) knowledge test and the School Bus (S endorsement) knowledge and skills test cannot be waived.*

Application Information

Name (last, first, middle) as shown on Idaho Driver's License		Driver's License Number		Application Date	
Idaho Residence Address		City or Town		Zip/Postal Code	
Mailing Address		City or Town		State	Zip/Postal Code

Driver Record Certification

During the 2-year period immediately preceding this date have you

- Had more than one license (except for a military license)?
- Had your license suspended, revoked, cancelled, or disqualified in this or any other state?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you been convicted of any violations described below in any type of motor vehicle?

- Driving while under the influence of alcohol with a BAC of 0.08 or greater
- Driving while under the influence of a controlled substance
- Having an alcohol concentration of 0.04 or greater while operating a CMV
- Refusing to submit to an alcohol test as required by a state jurisdiction under its implied consent laws or regulations as defined in 49 CFR 383.72
- Leaving the scene of an accident
- Using a vehicle to commit a felony (other than manufacturing, distributing, or dispensing a controlled substance)
- Driving a CMV while your CDL is revoked, suspended, cancelled, or you were disqualified from operating a CMV
- Causing a fatality through negligent operation of a CMV (including motor vehicle manslaughter, homicide by motor vehicle, or negligent homicide)
- Using a vehicle in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you had more than one conviction for any of the violations described below in any type of motor vehicle?

- Speeding 15 or more mph over the posted speed limit
- Driving recklessly, as defined by state or local law or regulation (including offenses of driving a motor vehicle in willful or wanton disregard for the safety of persons or property)
- Making improper or erratic lane changes
- Following the vehicle ahead too closely
- Violating state or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with a fatal accident
- Driving a CMV without a CDL
- Driving a CMV without a commercial license in your possession
- Driving a CMV without the proper class CDL and /or endorsements for a specific vehicle group being operated or for the passengers or type of cargo being transported
- Violating a state or local law or ordinance on motor vehicle traffic control prohibiting texting while driving
- Violating a state or local law or ordinance on motor vehicle traffic control restricting or prohibiting the use of a handheld mobile telephone while driving

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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 and have no record of an accident in which you were at fault?

<input type="checkbox"/>	<input type="checkbox"/>
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Certification of Driving Experience

Have you been regularly employed or were you regularly employed within the last one year in a military position requiring the operation of a military motor vehicle that was representative of a CMV?	<input type="checkbox"/>	<input type="checkbox"/>
Were you 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"/>	<input type="checkbox"/>
Have you operated a military motor vehicle representative of the CMV that you operate or expect to operate, for at least the 2 years immediately preceding discharge from the military?	<input type="checkbox"/>	<input type="checkbox"/>

I certify under penalty of perjury pursuant to the law of the State of Idaho, that the information on this form is true and correct to the best of my knowledge, information, and belief.




Applicant's Signature	Date
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Commanding Officer's Certification of Commercial Driving Experience

Commanding Officer's Name (last, first, middle)				Telephone Number	
Street Address		City or Town		Zip/Postal Code	County
Service Member's Date of Qualification	From	To	Service Member's Name	Expiration Date (US Gov't Motor Vehicle Operator ID Card/License)	

Mark the highest class of vehicles the service member has been driving with an "X".

Class	Vehicle Description	Example of Vehicles in Group
A	5th Wheel - Truck Tractor/Semitrailer Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds.	
A	Pintle Hook - Truck Trailer Combination Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds.	
B	Any single vehicle with a GVWR of 26,001 or more pounds or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.	
The vehicle the service member operates is equipped with a full air brake system		<input type="checkbox"/> Yes <input type="checkbox"/> No
The vehicle the service member operates is equipped with an air-over-hydraulic braking system		<input type="checkbox"/> Yes <input type="checkbox"/> No
The transmission in the vehicle the service member operates is:		<input type="checkbox"/> Automatic <input type="checkbox"/> Manual

Service Member Military Occupational Specialty (MOS)

Please select the service member's MOS/MOC from the following positions eligible for a waiver of the general knowledge test(s):

U.S. Air Force

2T1 – VEHICLE OPERATOR ☐
2F0 – FUELER..... ☐
3E2 – PAVEMENT AND CONSTRUCTION EQUIPMENT OPERATOR..... ☐

U.S. Army

92F – FUELER ☐
88M – MOTOR TRANSPORT OPERATOR..... ☐
14T – PATRIOT LAUNCHING STATION OPERATOR..... ☐

U.S. Marine Corps

3531 – MOTOR VEHICLE OPERATOR..... ☐

U.S. Navy

EO – EQUIPMENT OPERATOR..... ☐

Service Member Specialized Knowledge

Please select which of the following the service member was required to operate as a condition of regular employment in one of the above MOS/military positions:

A PASSENGER CMV ☐
A VEHICLE TRANSPORTING HAZARDOUS MATERIALS ☐
A TANK VEHICLE..... ☐

I certify that the service member is/was assigned in a job/assignment requiring the operation of a commercial motor vehicle, the service member's driving experience has been verified, and the information provided herein is true and correct to the best of my knowledge. I certify that I am an officer of the US Armed Forces with the authority to administer oaths, and who has the general powers of a notary public.

Commanding Officer's Printed Name	Rank
Signature	Date