

PennDOT Test Registration Information Sheet

Return this form and a copy of your permit and driver's license for scheduling.

Applicant Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

License #: _____ State: _____

CDL Permit Information

Issue Date: _____ Vehicle Class: _____

Expiration Date: _____ Is this a CLP renewal: Yes / No

Brake Restrictions: (L) No Air Brake equipped CMV

Truck Information

 Manual Automatic School's

List the location where you had training for each part below

Theory: _____

Range: _____

Road: _____