

**REQUEST FOR A CDL EXAM
FROM A PRIVATE CITIZEN**

R-405 Rev. 5-25

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On The Web At ct.gov/dmv



INSTRUCTIONS:

1. Complete Section 1
2. E-mail application to Driver Education and Testing Unit at dmv-detu@ct.gov

IMPORTANT: When appearing for your skills test you MUST present the following documents:

- Your VALID Connecticut driver's license
- Commercial Driver Instruction Permit (CDIP)
- A current medical card – (MCSA 5876)
- Goldenrod (GOLD COPY) of the Application for Commercial Driver's License (R-229a). Application for Commercial Driver's License (DMV Form R-229a).
- A receipt for payment. The \$30 validation for the test fee must be displayed on receipt. NOTE: If you lose your goldenrod copy you will be required to complete a new R-229a and repay the \$30 skills test fee at a DMV branch prior to testing.
- A representative test vehicle for the class of license for which you are applying. This vehicle must be driven to the testing site by a driver who holds a valid CDL which authorizes operation of the test vehicle to and from the test.

PLEASE ARRIVE 15 MINUTES EARLY FOR YOUR TEST. If you arrive late you may not be tested that day.

SECTION 1

If you are requesting a Commercial Driver Skills Test Appointment you must provide the following information:

Select testing location:

- ☐ **Mansfield Location 190 South Frontage Road, Mansfield, CT**
- ☐ **Winsted location (Class A tests are not performed at this location) 151 Torrington Road, Winsted, CT**
- ☐ **Either Mansfield or Winsted, which every location can offer first available appointment**

Class of license you are testing for:

- ☐ **Class A** ☐ **Class B** ☐ **Class C**

Endorsements testing (circle all that apply):

P - PASSENGER H - HAZMAT N - TANK S - SCHOOL BUS T - DOUBLE/TRIPLE X-TANK AND HAZMAT COMBINED

LAST NAME	FIRST NAME
E-MAIL	PHONE
STATE LICENSED ISSUED FROM	OPERATOR LICENSE NUMBER

If you are applying for a Class A or B or an S and P endorsement you are required to completed Entry Level Driver Training with an approved training provider.

ENTRY LEVEL DRIVER TRAINING COMPLETED

- ☐ **YES** ☐ **NO** ☐ **NOT APPLICABLE**

DATES ENTRY LEVEL DRIVER TRAINING COMPLETED

DMV SECTION ONLY

MEDICAL STATUS:	CERT EXP DT:	MED REGISTER/NUMBER:	DACH STATUS:
MED WAV/VAR:	RESTRICTION	SPE: Y OR N	
<input type="checkbox"/> APPROVED	REASON NOT APPROVED		
<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> PERMIT NOT HELD FOR THE REQUIRED TIME <input type="checkbox"/> HAVE NOT COMPLETED THE MANDATORY TRAINING		
TESTING LOCATION			
<input type="checkbox"/> MANSFIELD <input type="checkbox"/> WINSTED <input type="checkbox"/> OTHER: _____			
DATE OF TEST	TIME OF TEST	DATE APPOINTMENT ENTERED	
PROCESSED BY (please print)		DATE PROCESSED	