

New Jersey Motor Vehicle Commission CDL/Bus Unit 225 East State Street P.O. Box 685 Trenton, NJ 08666



Lifetime CDL Suspension Reinstatement Application (per N.J.A.C. 13:21-23.23)

SECTION	ON A – Applicant's Information			
First Name:		Last Nam	Last Name:	
Oriver Lic	cense Number:	Phone:		
Email:				
Street Ad	ddress:			
City:		State:	ZIP Code:	
SECTIO	ON B - Questionnaire and Evidence Submissions			
1.	Are you domiciled in New Jersey?YesNo If NO, you are ineligible to have your CDL reinstated and ca If YES, you must attach proof of NJ domicile or permanent brochure for acceptable proofs.			
2.	Did you previously have your CDL/ CMV driving privilege restored in New Jersey from a lifetime suspension pursuant to N.J.A.C. 13:21-23.23 (the New Jersey lifetime suspension reinstatement/reduction guidelines), or pursuant to a similar law of another state or jurisdiction? YesNo			
	If YES, you are ineligible to have your CDL reinstated from a lifetime suspension a second time pursuant to the governing federal regulation at 49 C.F.R. § 383.51(a)(6) and can STOP completing the application.			
3.	Did you serve a minimum suspension period of 10 years under the suspension imposed pursuant to N.J.S.A. 39:3-10.20 of the New Jersey Commercial Driver License Act, or under a similar provision of the law of any other state or jurisdiction? Yes No			
	If NO, you are ineligible at this time, until you have served a minimum of ten years suspension, to have your CDL reinstated and ca STOP completing the application. If YES, you must attach evidence of the suspension and cause for suspension.			
4.	Was the current lifetime revocation/suspension imposed bYes No	y a licensing authority	or court of another state or jurisdiction?	
	If YES, you must attach evidence of that state or jurisdiction authorizing a restoration.			
5.	Did you enroll in, pay for, attend, and successfully complete a rehabilitation program; a driver improvement program and/or alcohol education or rehabilitation program approved by the New Jersey Motor Vehicle Commission Chief Administrator? Yes No			
	If YES, you must attach evidence of your attendance and completion of the program.			
6.	Were you required to pay a restoration fee pursuant to N.J.	.S.A. 39:3-10a?Ye	s No	
	If YES, you must attach evidence that this fee was paid.			
7.	Were you required to pay an Education, Rehabilitation and Enforcement Fund fee pursuant to N.J.S.A. 39:4-50(b)? Yes No			
	If YES, you must attach evidence that this fee was paid.			
8.	Have your driving privileges been suspended or revoked in	n New Jersey or any o	ther state or jurisdiction?YesNo	
	If YES, have you satisfied all outstanding suspensions in New Jersey and any other state or jurisdiction? Yes No			

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If YES, you must attach evidence of the suspension(s) and the satisfaction of all reinstatement requirements.



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9.	Have you been involved in any accident(s) involving bodily injury or death?YesNo If YES, you must attach proof of circumstances and resulting charges, lawsuits, and their dispositions.
10.	Provide copies of all driving records from New Jersey and any other state or jurisdiction in which you've had any driving privileges, which shall include, but not be limited to: basic driving privileges as well as CDL/CMV privileges.
11.	If not covered in any previous question, you must attach evidence of any accidents, suspensions, revocations, reinstatements, and violations, and the circumstances surrounding them which occurred while driving in New Jersey or in any other states or jurisdictions, whether the driving was under the basic driving privilege or the commercial/CDL privilege and whether in a personal vehicle (non-CMV) or in a CMV.
12.	Have you satisfied all of the requirements for obtaining a CDL and applicable endorsements in New Jersey?YesNo
	No waiver of the skills test will be permitted under this section. If NO, and if you are notified that you are eligible to proceed with the next steps for seeking reinstatement, you will need to submit a request to the Chief Administrator for a "Letter of Temporary Authority" pursuant to N.J.A.C. 13:21-23.27 and comply with the application procedures set forth in N.J.A.C. 13:21-23.2.
vic su: pei	e New Jersey Motor Vehicle Commission may consider all relevant evidence including the frequency, nature and number of clations, accidents, suspensions, and revocations, and/or any special circumstances connected with any violation or spension. This includes evidence that you have been involved in any accident resulting in death or bodily injury to any son. The burden shall be on you to demonstrate the requisite qualifications. Failure to produce the requisite qualifications all be sufficient grounds to deny the application.
I cert	ify that all of the information included herein and attachments, if any, are true. I am aware that if any of the statements are willfully false, I am subject to administrative, civil, and/or criminal penalty.
Signatur	e: Date:
	DRIVING FORWARD
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