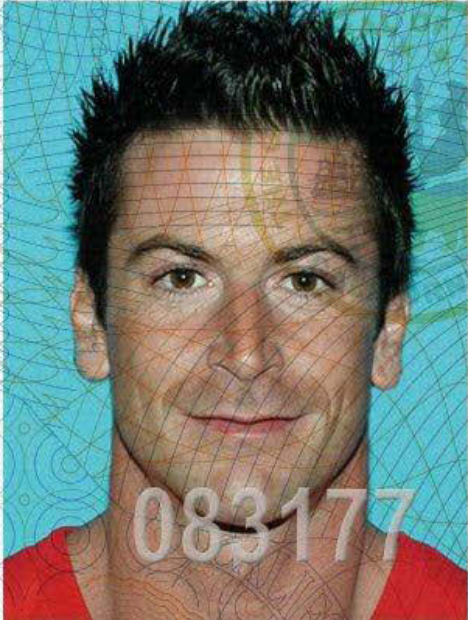


# Driver License

**CALIFORNIA** USA **DRIVER LICENSE**



DL **I1234562**

EXP **08/31/2014**

LN **SAMPLE**

FN **ALEXANDER J.**

2570 24TH STREET  
SACRAMENTO, CA 95818

DOB **08/31/1977**

RSTR **50**

CLASS **C**  
END **NONE**

08311977

DONOR

SEX **M** HAIR **BLK** EYES **BRN**

HGT **5'-08"** WGT **150 lb**

DD **00/00/0000NNAN/ANFD/YY**

ISS **08/31/2009**

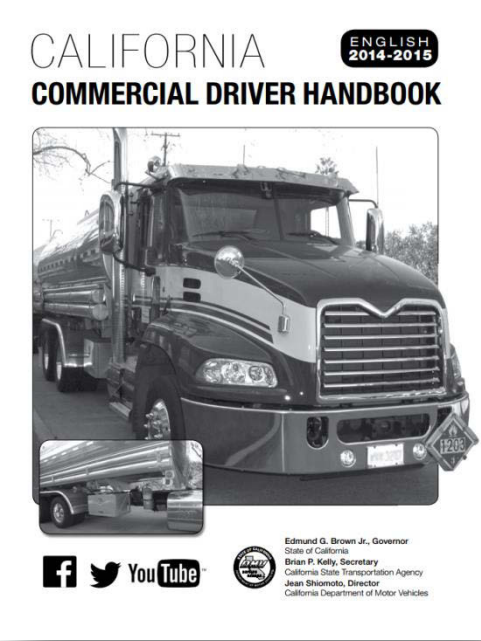
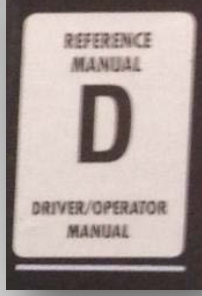
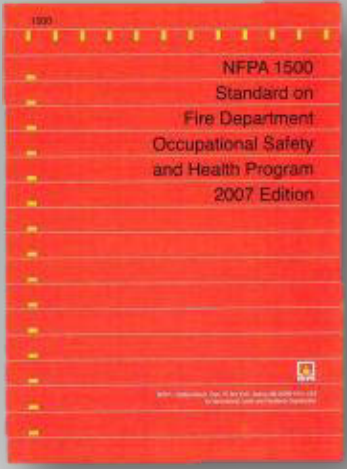
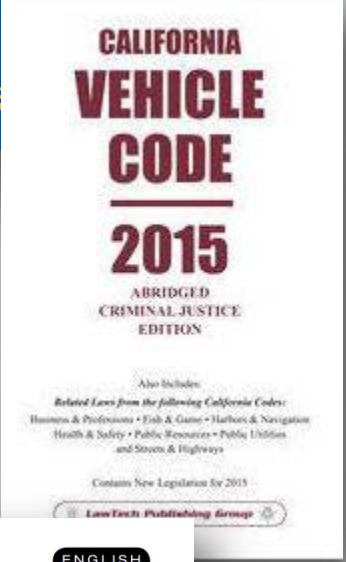
*Alexander Sample*

# Requirements



# Objectives

- Identify the change in DMV policy regarding firefighter licensing.
- Differentiate the various driver license types.
- Examine your license for:
  - Expiration date
  - Proper class
  - Proper endorsement(s)
  - Proper restriction(s)
- Submit required medical documentation (DL 546/DL 51) every 2 years.



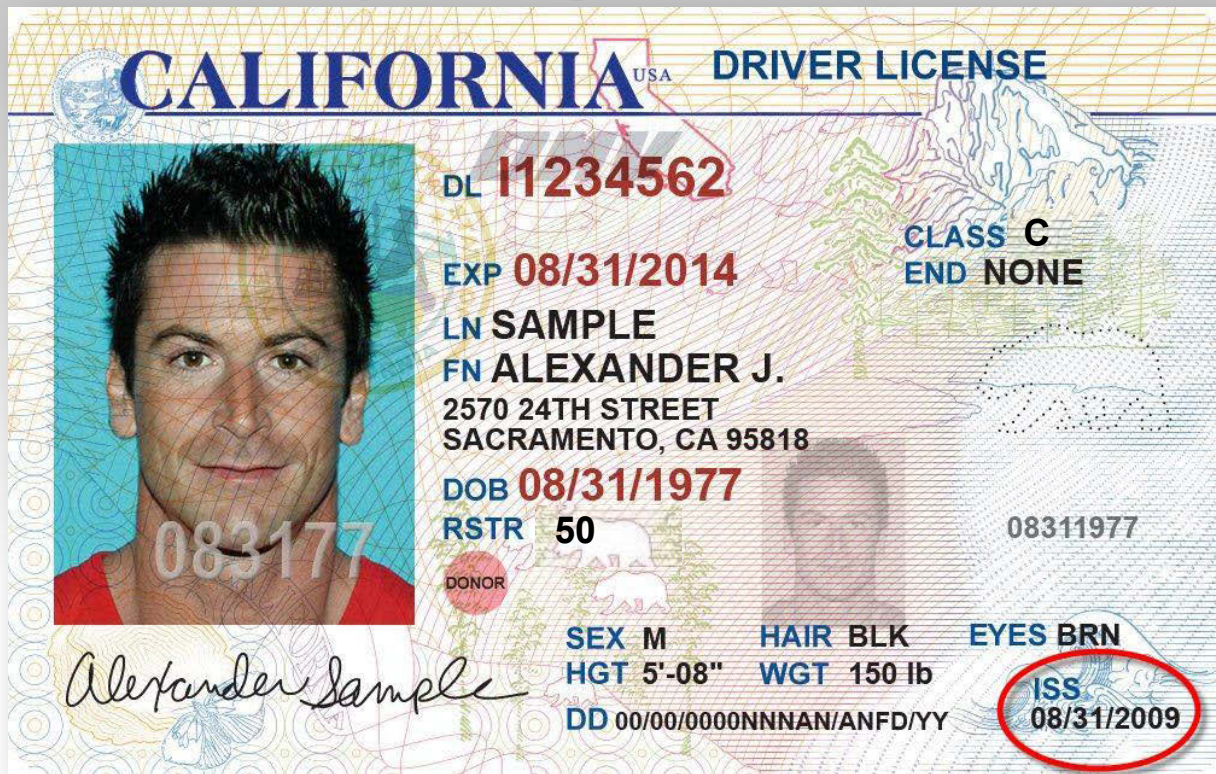
- Several regulatory agencies govern our driver license requirements.
- In essence, these agencies state that no person shall operate firefighting equipment unless the person has a valid driver license for that class of vehicle.
- Driver licenses shall be verified and validated by the employer.
- Drivers shall maintain proper restrictions, endorsements and medical documentation.



Effective 2011, the California Department of Motor Vehicles stopped issuing "Restricted" driver licenses. Department personnel obtaining a license for the first time or renewing a restricted license will have the following options:

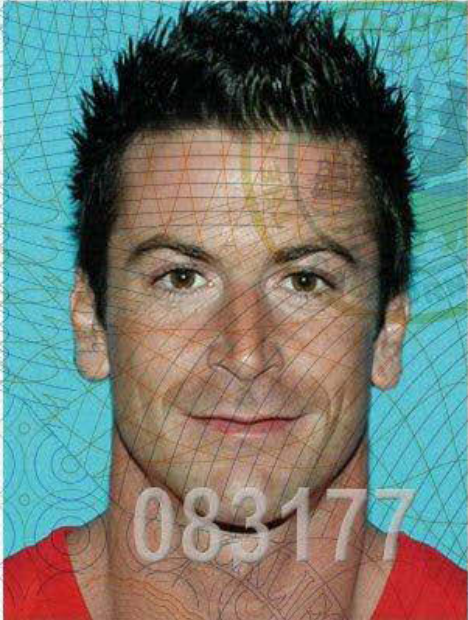
- Class C license with firefighter endorsement (Restriction 50)
- Class B commercial license (various endorsements/restrictions required)
- Class A commercial license (various endorsement/restrictions required)

All of these licenses require personnel to maintain proper medical records on file and carry a firefighter endorsement card.



The minimum license for firefighter series personnel is a Class C license with a firefighter endorsement (Restriction 50).

**CALIFORNIA** USA **DRIVER LICENSE**



DL **I1234562**

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LN **SAMPLE**

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SEX **M** HAIR **BLK** EYES **BRN**

HGT **5'-08"** WGT **150 lb**

DD **00/00/0000NNAN/ANFD/YY**

ISS **08/31/2009**

*Alexander Sample*






The firefighter endorsement allows personnel to *most* drive firefighting apparatus, including those exceeding 26,001 lbs GVW .



The Class C license with firefighter endorsement requires that a Health Questionnaire be on file. Health Questionnaires DO NOT require a physician's signature and must be renewed every 2 years.

Take completed questionnaires to your local DMV office or mail to the address below.

Department of Motor Vehicles  
 CDL Unit, G204  
 P.O. Box 944278  
 Sacramento, CA. 94244-2780



**HEALTH QUESTIONNAIRE**  
 DO NOT use this form for Commercial Licensing Requirements.

546

DMV USE ONLY  
 Updated by \_\_\_\_\_

The applicant completes this form.

**INSTRUCTIONS:** Please check "Yes" or "No" to each question and explain any "Yes" answer(s) in the space provided on the bottom of the form, or on another piece of paper. If you are not sure how to answer a specific question, please contact your physician for assistance. "Yes" answers to any question may require DMV to contact your physician about your medical qualifications before DMV can issue you a license. **You must submit a completed health questionnaire every two years.**

**PLEASE TELL US ABOUT YOURSELF:**

TRUE FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH: Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_      DRIVER LICENSE NUMBER \_\_\_\_\_      DAYTIME PHONE ( \_\_\_\_ ) \_\_\_\_\_

HEALTH QUESTIONS	YES	NO
1. Do you have difficulty recognizing the colors of red, green, and amber used in traffic signal lights and devices? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your side (peripheral) vision less than 70° for either eye? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have difficulty perceiving a forced whispered voice in your better ear, with or without a hearing aid, at not less than five (5) feet? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a vision impairment in either eye that is not correctable to visual acuity of 20/40 or better? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you:		
a. Have a missing foot, leg, hand, finger or arm? .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Have an impairment of a hand or finger? .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Have any other impairment of an arm, foot, leg or any other limitation? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have diabetes requiring insulin? .....	<input type="checkbox"/>	<input type="checkbox"/>
a. Have you had a hypoglycemic episode in the last three (3) years? .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you had any other adverse reaction related to diabetes in the last three (3) years? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had a heart attack, angina, coronary insufficiency, thrombosis, stroke, other heart problem, or cardiovascular disease? .....	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," have you had labored breathing, fainting, collapse, congestive heart failure, or other symptoms in the last three (3) years? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been diagnosed with a respiratory condition, such as emphysema, chronic asthma, or tuberculosis? .....	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," is your respiratory condition likely to interfere with your ability to drive a motor vehicle safely? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been diagnosed with high blood pressure? .....	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," is your blood pressure usually 140/90 or higher? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been diagnosed with rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease? .....	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," is the condition likely to interfere with your ability to drive a motor vehicle safely? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you been diagnosed with any mental, nervous, organic or functional disease, or psychiatric disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," is your condition likely to interfere with your ability to drive a motor vehicle safely? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you been diagnosed with epilepsy or any other condition that may cause lapse of consciousness or loss of control? ...	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," have you had a lapse of consciousness or loss of control in the last three (3) years? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you use a controlled substance, amphetamine, narcotic, or any other habit-forming drug? .....	<input type="checkbox"/>	<input type="checkbox"/>
a. If "yes," did your doctor prescribe the drug? .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Did your doctor advise you <b>NOT</b> to drive when taking the drug? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have a current clinical diagnosis of alcoholism? .....	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," when was your last drink of an alcoholic beverage? .....	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ANY "YES" ANSWERS HERE: \_\_\_\_\_

PHYSICIAN'S NAME (PLEASE PRINT) \_\_\_\_\_ DATE OF LAST VISIT \_\_\_\_\_  
 Mo. \_\_\_\_ Year \_\_\_\_

PHYSICIAN'S OFFICE ADDRESS \_\_\_\_\_ PHYSICIAN'S PHONE NUMBER \_\_\_\_\_  
 ( \_\_\_\_ ) \_\_\_\_\_

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I hereby give consent to the release of medical information by the above named physician.**

DRIVER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>DMV USE</b>	EXAMINER'S SIGNATURE _____	ID NUMBER _____	OFFICE _____
	<input checked="" type="checkbox"/>		DATE _____

DL 546 (REV.6/2011) WWW

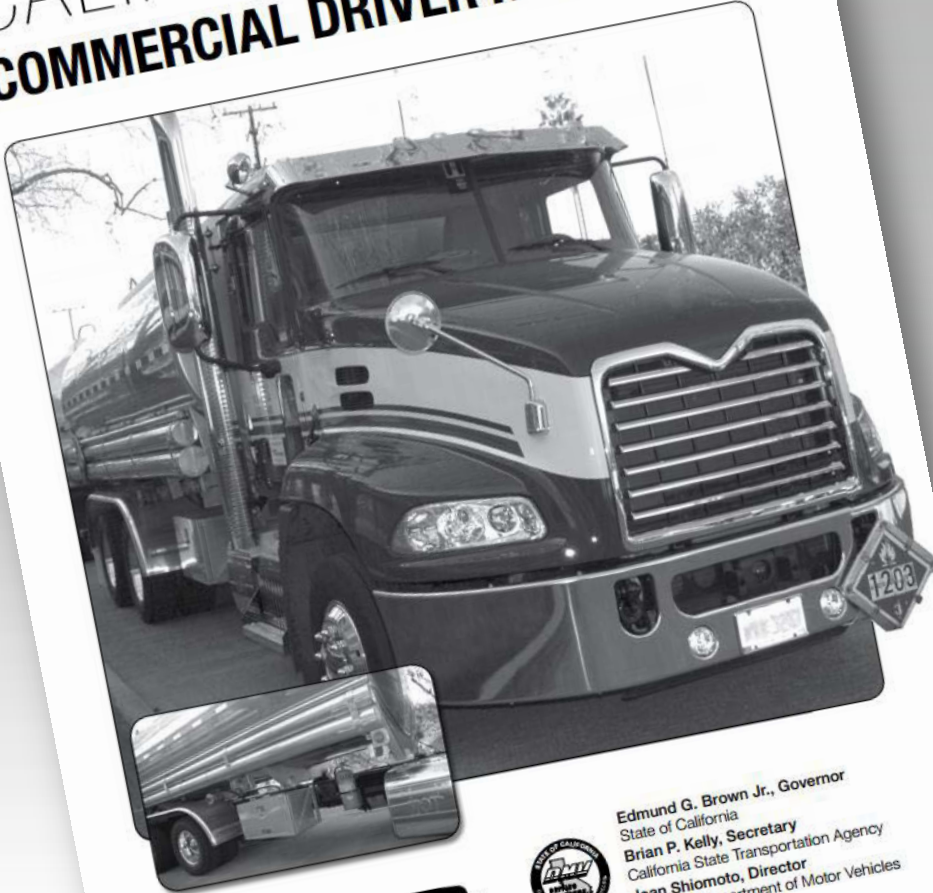
Print
Clear Form



# CALIFORNIA

## COMMERCIAL DRIVER HANDBOOK

ENGLISH  
2014-2015



Edmund G. Brown Jr., Governor  
State of California  
Brian P. Kelly, Secretary  
California State Transportation Agency  
Jean Shiomoto, Director  
California Department of Motor Vehicles

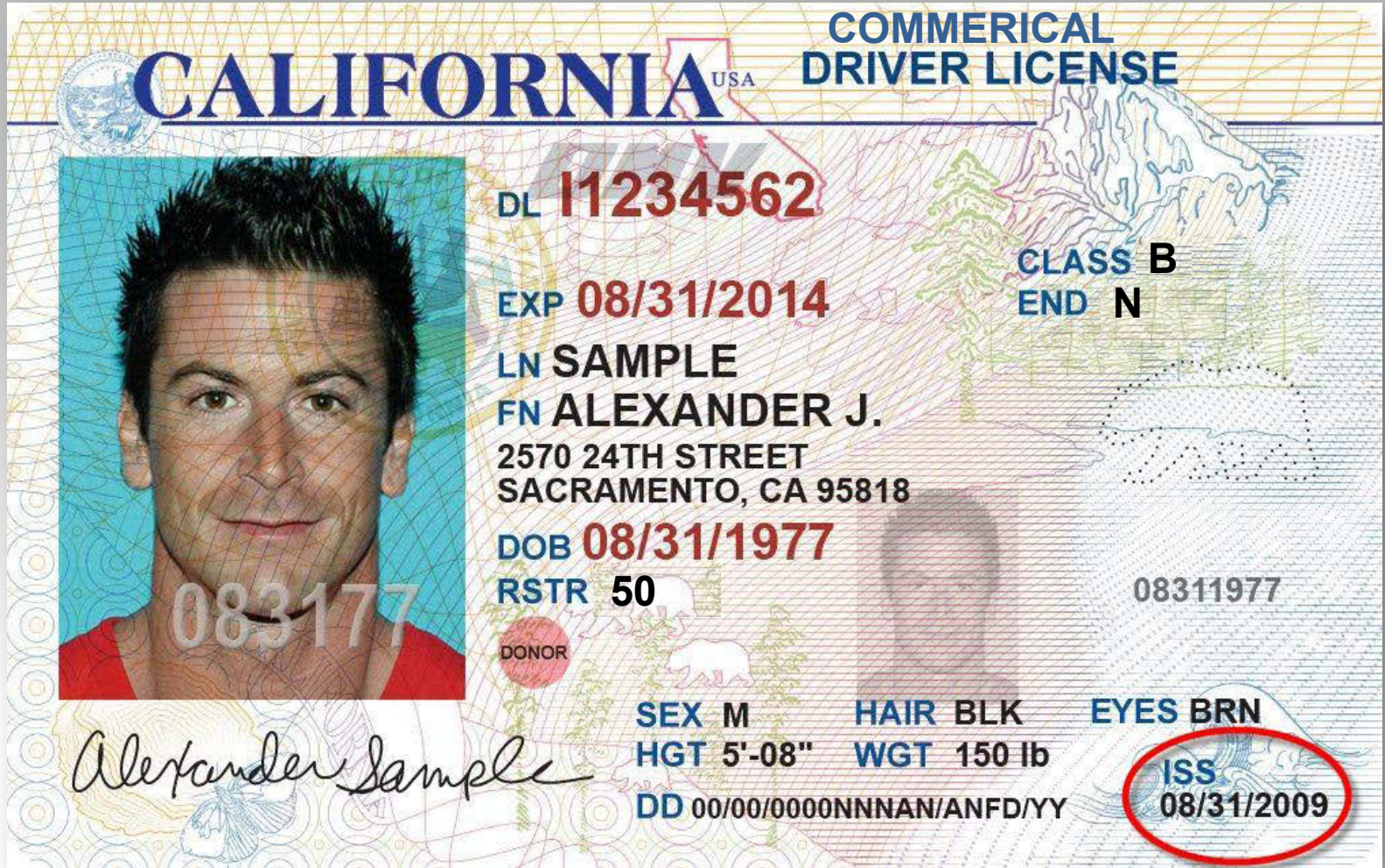


# Commercial Licenses



# Alternatively, Department members may carry a Class B commercial driver license with the following conditions:

- Endorsement N (Tank & Airbrakes)
- Restriction 50 (Firefighter endorsement)
- This license requires a physician to complete a DL-51 every 2 years.
- \*Note: a hazardous materials endorsement is no longer required.





# Specialized Vehicles



# Air and Wildland



## Crew Carriers

Department members who will be driving Crew Carriers (post or non-post) are required to maintain a Class B license with the following:

- Endorsement N (Tank & Airbrakes)
- Endorsement P (Passenger)
- Restriction 50 (Firefighter Endorsement)
- Restriction 75 (11-15 Passengers)

**CALIFORNIA** USA **COMMERICAL DRIVER LICENSE**

DL **11234562**

EXP **08/31/2014** CLASS B  
END N P

LN **SAMPLE**  
FN **ALEXANDER J.**  
2570 24TH STREET  
SACRAMENTO, CA 95818

DOB **08/31/1977**  
RSTR **50 75** 08311977

DONOR

SEX M HAIR BLK EYES BRN  
HGT 5'-08" WGT 150 lb  
DD 00/00/0000NNNAN/ANFD/YY

ISS **08/31/2009**

*Alexander Sample*

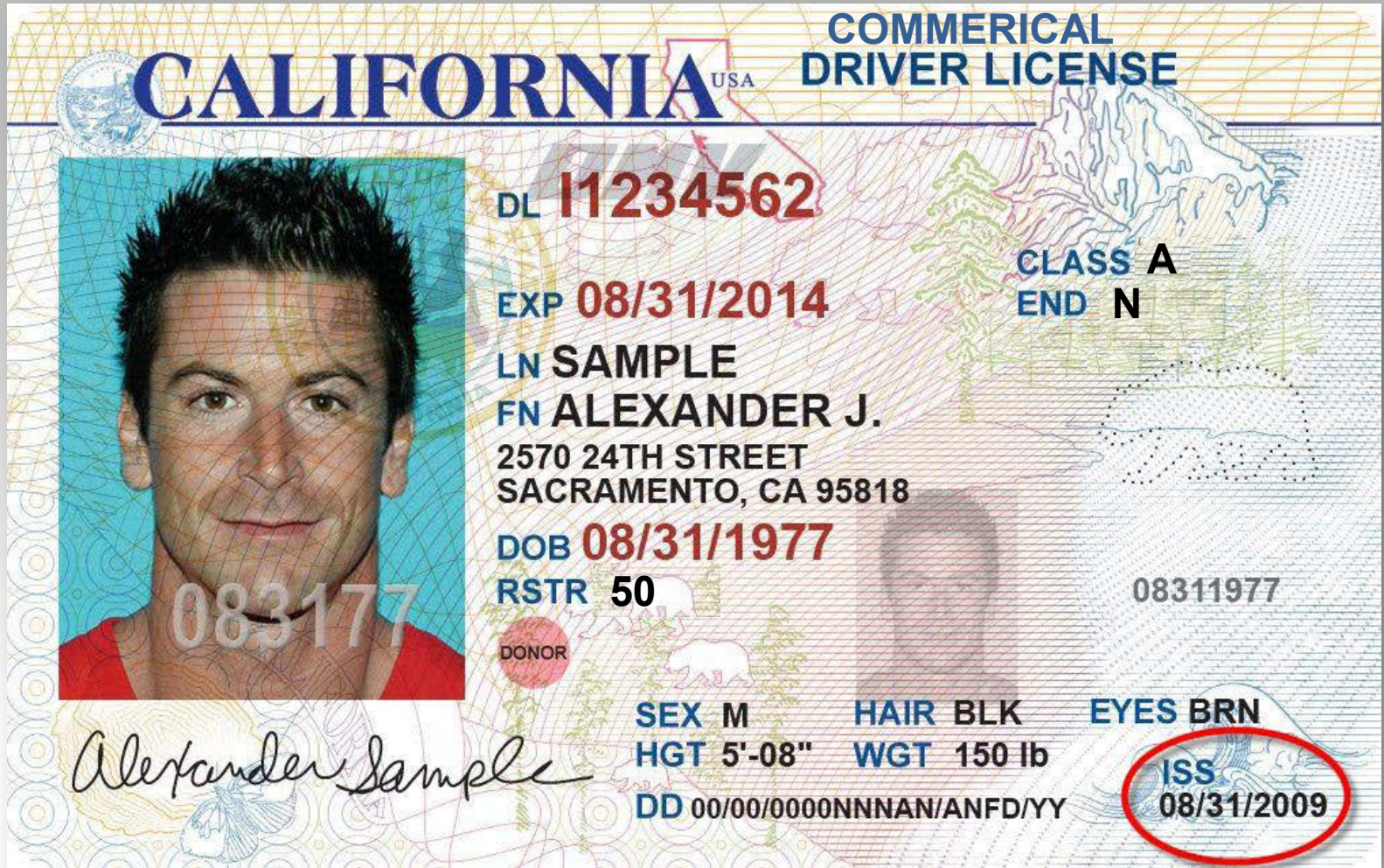




# Tractor Trailer Vehicles

Department members who will be driving tractor trailer vehicles\* (post or non-post) are required to maintain a Class A license with the following:

- Endorsement N (Tank & Airbrakes)
- Restriction 50 (Firefighter Endorsement)
- \*This does not apply to tractor drawn aerial (tiller) apparatus.



**Class A & B licenses requires a Medical Examination Report, signed by a physician, to be on file. Medical Examination Reports must be renewed every 2 years.**

**If the clinic or doctor does not send your DL-51 to DMV, mail the completed form to the address below. Retain a copy of the report for 15 days to assure the Medical Examination Report has been entered into the system.**

**Department of Motor Vehicles  
CDL Unit, G204  
P.O. Box 944278  
Sacramento, CA. 94244-2780**



051

**MEDICAL EXAMINATION REPORT  
FOR COMMERCIAL DRIVER FITNESS DETERMINATION**

**1. DRIVER INFORMATION** Driver completes this section. PRINT IN CAPITAL LETTERS - USING BLACK OR DARK BLUE INK.

LAST NAME		FIRST		DRIVER LICENSE NUMBER	
ADDRESS		CITY	STATE	ZIP	WORK TELEPHONE NUMBER ( ) ( )
SOCIAL SECURITY NUMBER	LICENSE CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	STATE OF ISSUE	<input type="checkbox"/> New certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow up		
BIRTHDATE	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	EYES	HAIR	

**PLEASE READ THE "INSTRUCTIONS TO THE DRIVER" BEFORE ANSWERING.**

**MARK ONE OF THE DRIVING TYPES BELOW**

- NI Non-Excepted Interstate     EI Excepted Interstate (Not available in California)  
 NA Non-Excepted Intrastate     EA Excepted Intrastate (Not available in California)

**CHECK ONE OF THE BOXES BELOW**

- I am **NOT** submitting this medical examination report to obtain a certificate to operate a School Bus, School Pupil Activity Bus, Youth Bus, General Public Paratransit Vehicle, or Farm Labor Vehicle.  
 I **AM** submitting this medical examination report to apply for or retain a certificate to operate a School Bus, School Pupil Activity Bus, Youth Bus, General Public Paratransit Vehicle, or Farm Labor Vehicle.

**PLEASE READ THE FOLLOWING INFORMATION**

If you indicated you have submitted this medical examination report for one or more of the certificates listed above, your medical examination **MUST** be performed by a Physician Assistant, Advanced Practice Registered Nurse, Doctor of Medicine (MD), Doctor of Osteopathy (DO), or a Doctor of Chiropractic (Chiropractor) listed on the most current National Registry of Certified Medical Examiners. Your medical examination report and medical certificate **MUST** be signed by the physician who performed the examination. If your medical examination report does not indicate your medical examination was performed by an MD, DO, Physician Assistant, Advanced Practice Registered Nurse or a Chiropractor listed on the most current National Registry of Certified Medical Examiners; DMV will not process your certificate application or accept your medical examination report, and your medical examination report will be returned to you.

**2. HEALTH HISTORY** Driver completes this section, but medical examiner is encouraged to discuss with driver.

<p><b>Yes No</b></p> <p><input type="checkbox"/> Any illness or injury in last 5 years</p> <p><input type="checkbox"/> Head/Brain injuries, disorders or illnesses</p> <p><input type="checkbox"/> Seizures, epilepsy</p> <p><input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)</p> <p><input type="checkbox"/> Ear disorders, loss of hearing or balance</p> <p><input type="checkbox"/> Heart disease or heart attack, other cardiovascular condition</p> <p><input type="checkbox"/> Heart surgery (valve replacement/ bypass, angioplasty, pacemaker)</p> <p><input type="checkbox"/> High blood pressure</p> <p><input type="checkbox"/> Muscular disease</p>	<p><b>Yes No</b></p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis</p> <p><input type="checkbox"/> Kidney disease, dialysis</p> <p><input type="checkbox"/> Liver disease</p> <p><input type="checkbox"/> Digestive problems</p> <p><input type="checkbox"/> Diabetes or elevated blood sugar controlled by:</p> <p><input type="checkbox"/> diet</p> <p><input type="checkbox"/> pills</p> <p><input type="checkbox"/> insulin</p> <p><input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression</p> <p><input type="checkbox"/> Loss of, or altered consciousness</p>	<p><b>Yes No</b></p> <p><input type="checkbox"/> Fainting, dizziness</p> <p><input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring</p> <p><input type="checkbox"/> Stroke or paralysis</p> <p><input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe</p> <p><input type="checkbox"/> Spinal injury or disease</p> <p><input type="checkbox"/> Chronic low back pain</p> <p><input type="checkbox"/> Regular, frequent alcohol use</p> <p><input type="checkbox"/> Narcotic or habit forming drug use</p>
--	---	--

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently. (Attach additional sheet, if needed).

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certification.

DRIVERS SIGNATURE \_\_\_\_\_ DATE MM/DD/YYYY



If you currently have a Medical Examiner's Certificate, continue to carry it until it expires.


Effective January 1, 2014, once you renew your DL 51, you will no longer be required to carry the "green card".





# Firefighter Endorsement Card

Department firefighter series employees, *regardless of license type*, shall carry a Firefighter Endorsement card with their license at all times.

 **FIREFIGHTER ENDORSEMENT**  
A Public Service Agency

NAME ROBERT WEAVER

DRIVER LICENSE NUMBER \_\_\_\_\_

FIRE DEPARTMENT NAME  
LOS ANGELES COUNTY FIRE DEPT.

**THIS CARD MUST BE CARRIED WITH YOUR LICENSE**

DL 88 (NEW 10/2010)

*I certify (or declare) that the driver named on the reverse side of this card has met the Department of Motor Vehicles requirements for the Firefighter Endorsement.*

FIRE CHIEF PRINTED NAME  
P. MICHAEL FREEMAN

DATE SIGNED  
01-10-2011

SIGNATURE  
X

DL 88 (NEW 10/2010)





**It is highly recommended that you contact the Driver/Operator Coordinator prior to making any DMV appointment that involves a change in driver license status. The Driver/Operator Coordinator can also be contacted for other DMV related issues.**

**Training Services Section, LAO. (323)-881-2436.**





Director of Training  
Battalion Chief Patrick Errett

LACoFD Training Services Section  
(323) 881-2436