



Non-Resident CDL Training Certification

Wisconsin Department of Transportation
MV3309 6/2025 49 CFR Part 383.79

CDL Exam Scheduler: By signing this document, I have verified and certify the following:

- ☐ 100% of the applicants ELDT, commercial classroom and range/behind the wheel training was administered in the state of Wisconsin.

Exemption: Commercial theory training administered on-line may substitute for in person commercial classroom training.

- ☐ 100% of the applicants commercial training was administered by a Wisconsin University as defined by WI Statute 36.05(13), Wisconsin Technical College as defined by WI Statute 38.001(01), or Wisconsin licensed Driver Training School as defined by WI Statute 343.60(01).

Exemption: Companies providing training for no compensation to their own employees are exempt from WI DOT licensing requirements found in s. 343.60(01).

Name of training facility or entity: _____

Name of applicant (please print) _____

Signature of CDL Exam Scheduler _____ Date _____

Applicant: By signing this document, I certify the following:

- ☐ I am not a resident of Wisconsin.

- ☐ 100% of my ELDT, commercial classroom and range/behind the wheel training was administered in the state of Wisconsin.

Exemption: Commercial theory training administered on-line may substitute for in person commercial classroom training.

- ☐ 100% of my commercial training was administered by a Wisconsin University as defined by WI Statute 36.05(13), Wisconsin Technical College as defined by WI Statute 38.001(01), or Wisconsin licensed Driver Training School as defined by WI Statute 343.60(01).

Exemption: Companies providing training for no compensation to their own employees are exempt from WI DOT licensing requirements found in s. 343.60(01).

- ☐ I have not received any amount of CMV training from the person administering the Commercial Driver's License (CDL) exam to me.

List the name and address of the facility, employer, or trainer where my training occurred, and any training records are maintained:

Name of training facility or entity: _____

Address of training facility or entity: _____

Applicant's State of Residence: _____

Name of applicant (please print) _____

Signature of applicant _____ Date _____

I certify that the information on this application is true under penalty of perjury per Wisconsin State Statute [343.14\(5\)](#). I acknowledge that I may be subject to re-examination and/or cancellation of my commercial driving privileges if the Wisconsin Department of Transportation finds any of the information provided on this form to be untrue or fraudulent per Wisconsin State Statute [343.16\(6\)\(am\)](#). Reference: 49 CFR, Part 383.79 Skills testing of out-of-State students: A State may administer its skills test, in accordance with subparts F, G, and H of this part, to a person who has taken training in that State and is to be licensed in another United States jurisdiction (i.e., his/her State of domicile).