



# APPLICATION FOR RESTRICTED CLASS B COMMERCIAL DRIVER'S LICENSE FOR SEASONAL VALIDATION OF AGRICULTURAL PURPOSES

State Form 48440 (R9 / 12-24)  
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-24-6.1-2.

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
  2. Medical Examination Report and Medical Examiner's Certificate must be on file with the Indiana Bureau of Motor Vehicles or accompany this form.
  3. Refer to the BMV website, myBMV.com, for applicable fees.
  4. Applicant must indicate the seasonal period(s) being requested in Section 2.
  5. This application must be presented at a license branch for processing.

## SECTION 1: GENERAL INFORMATION

The required skills test for employees of a "farm-related service industry," defined as custom harvesters, farm retail outlets and suppliers, agricultural businesses, and livestock feeders, shall be waived and a Restricted Class B commercial driver's license (CDL) may be issued if all qualifications of 49 CFR 383.3(f) are met.

Usage of the Restricted Class B CDL is limited to the conditions listed in 49 CFR 383.3(f). Applicants that currently hold a commercial driver's license or commercial learner's permit are not eligible to apply.

Applicants will receive the Seasonal Validation Document by mail listing the dates a commercial motor vehicle may be operated in compliance with 49 CFR 383.3(f) after issuance of the Restricted Class B CDL but not more than thirty (30) days prior to the start date of the seasonal period(s).

## SECTION 2: SEASONAL VALIDATION DOCUMENT PERIODS

The Seasonal Validation Document is issued for the same four (4) year renewal cycle as an unrestricted commercial driver's license; however, its use is limited to the seasonal dates listed on the Seasonal Validation Document. Seasonal period(s) may not be changed to allow a driver to exceed 210 days in any twelve (12) month period.

Seasonal period(s) must be at least thirty (30) days but not more than 210 days. The combination of two seasonal periods must not exceed 210 days. Indicate one (1) or two (2) seasonal periods below:

☐ Seasonal Period One (1) Begin Date: \_\_\_\_\_ (mm/dd/yyyy)  
Duration in days: ☐ 30 ☐ 60 ☐ 90 ☐ 120 ☐ 150 ☐ 180 ☐ 210

☐ Seasonal Period Two (2) Begin Date: \_\_\_\_\_ (mm/dd/yyyy)  
Duration in days: ☐ 30 ☐ 60 ☐ 90 ☐ 120 ☐ 150 ☐ 180 ☐ 210

## SECTION 3: APPLICANT INFORMATION

Applicant's Name (first, middle, last)		Telephone	
Address (number and street)		City	State <b>IN</b> ZIP Code
Date of Birth (mm/dd/yyyy)	Driver's License Number		Date of License Expiration (mm/dd/yyyy)
Name of Company		Telephone of Company	
Address of Company (number and street)		City	State ZIP Code
<b>I swear or affirm under the penalties of perjury that the applicant is an employee of the above company or is a sole proprietor and qualifies as a farm-related service industry. I understand that making a false statement may constitute the crime of perjury.</b>			
Signature of Company Representative		Printed Name	Title Date (mm/dd/yyyy)
<b>I swear or affirm under the penalties of perjury that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.</b>			
Signature of Applicant		Printed Name	Date (mm/dd/yyyy)