



**STATE OF NEW HAMPSHIRE  
DIVISION OF MOTOR VEHICLES**

APPLICATION FOR RE-EXAMINATION OR RESTRICTION REMOVAL  
(PRINT CAREFULLY) DSMV 329 (Rev.10/05)

NAME \_\_\_\_\_

FIRST	MIDDLE	LAST
MAILING ADDRESS		LEGAL ADDRESS
TOWN/CITY      STATE      ZIP	TOWN/CITY      STATE      ZIP	
S.S. # *	DATE OF BIRTH	SEX
	MONTH      DAY      YEAR	

**C.D.L. RE-EXAMINATION**

<input type="checkbox"/>	General Knowledge . . . . .	\$20.00
<input type="checkbox"/>	Combination Vehicle . . . . .	\$20.00
<input type="checkbox"/>	Road Skills . . . . .	\$20.00
<input type="checkbox"/>	Air Brakes . . . . .	\$10.00
<input type="checkbox"/>	Tank Vehicle . . . . .	\$10.00
<input type="checkbox"/>	Double/Triple Vehicle . . . . .	\$10.00
<input type="checkbox"/>	Passenger . . . . .	\$10.00
<input type="checkbox"/>	Hazardous Materials . . . . .	\$10.00
<input type="checkbox"/>	School Bus . . . . .	\$10.00
<b>FEE DUE</b>		<b>\$</b>
<input type="checkbox"/>	Learner's Permit	\$20.00

**C.D.L. RESTRICTION REMOVAL**

<input type="checkbox"/>	C.D.L. Restriction Removal	
	<b>FEE . . . . .</b>	<b>\$10.00</b>
<input type="checkbox"/>	Except Tractor Trailer	
<input type="checkbox"/>	Air Brakes	
<input type="checkbox"/>	Intrastate	
<input type="checkbox"/>	Other (specify):	

\_\_\_\_\_  
SIGNATURE DATE

This application is signed under unsworn falsification pursuant to RSA 641:3