Commercial Drivers License Online Portal

Public User's Guide

Last Modified: July 08, 2019

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Commercial Driver's License Online Portal

Before you start using the Commercial Driver's License Online Portal it is helpful to understand how information is submitted. Below is a brief description of each part of the application.

KOG Login

The Kentucky Online Gateway (KOG) login page is the first page the customer sees when accessing the CDL Online Portal:

- First time customers will need to create an account before successful login
- Returning customers will login with existing credentials
- CDL employees will by-pass this page, due to single sign-on capabilities

Portal Home Page

The portal home page displays the commercial application, self-certification, medical certification and waiver buttons to submit their information. Each button sends the customer to an entry screen that displays the respective information needed for successful submission. An email will be sent to the customer stating their application, certificate or waiver has been Received, Processed or Rejected.

KOG Login

First time users will need to create a KOG account to access the CDL Portal. This account will be used for subsequent visits to the site. They will need to select "Citizen or Business Partner"

KOG Login Screen:

MyKentucky.gov	FAQ Help 🏵 English 🔹
Welcome to the Ken	unt

First time users will need to create a KOG account by clicking on the "Create an Account" and follow the instructions to creating account.

Please complete your Kentucky Online Gateway Profile

ease fill out the form below and click Sign Up I fields with [*] are required.	when finished.			
First Name	Middle Name		* Last Name	
^e E-Mail Address		* Verify E-Mail Address		
Password		* Verify Password		
Mobile Phone		Language Preference		
street Address 1		Street Address 2		
City		State		Zip Code
		Kentucky	•	
uestion		* Answer		
In what city were you born? (Enter full name of city	only) 🔻			
uestion		* Answer		
What was the same of your first par?	•			

Once information has been created you will receive an email to the email that account was created with to activate account. Click on link to activate account.

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Accol	Int verification				
К	KOG_DoNotReply <kog_donotreply@ky.gov> Today, 138 PM FLName ¥</kog_donotreply@ky.gov>	١	•	₽ Reply all	 \
	First Last (FLName@gmail.com),				
	This email is to help you complete the last step of account set-up.				
	Your Citizen account username is: FLName@gmail.com				
	Click on the below link now, to activate your account.				
	https://kog.chfs.ky.gov/public/fwlink/?linkid= f365801g-h8r4-9531-w5gr-9gtw981y59j1				
	If you need any assistance further, please contact the Kentucky Online Gateway HelpDesk.				
	Kentucky Online Gateway <u>Kentucky Online Gateway HelpDesk</u>				
	NOTE: Do not reply to this email. This email account is only used to send messages.				
	Privacy Notice: This email message is only for the person it was addressed to. It may contain restricted and private information. You are forbidden to use, information without permission. If you are not the person who was supposed to get this message, please destroy all copies.	tell, sl	now, a	r send this	

Users will then be asked to enter their credentials. This will be:

- Email Address
- Password

If Users have forgotten their password they will need to click on Forgot/Reset Password, Instructions are given at this point.

KOG Login Screen Continued:

KYY Ang gav	FAQ Help 🛛 English •
Attention KY As of May 31, 2019, The applications that you previously accessed through One S associated to your One Stop Account and the same password. If you have quest	Y Business One Stop Users: stop have now been transitioned to the Kentucky Online Gateway. To login, use the email address tons about the transition and which applications are impacted, please Click Here to Learn More
Citizen (or) Business Partner Sign In Sign In with your Kentucky Online Gateway Account. Email Address Email Address	WARNING This website is the property of the Commonwealth of Kentucky. This is to notify you that you are only authorized to use this site, or any information accessed through this site, for its intended purpose. Unauthorized access or disclosure of personal and confidential information may be purishable by website or access in excess of your authorization may also be
Password Forgot/Reset Password	dz erinformation from misuse or unauthorized access.
Sign In Resend Account Verification Email	Don't already have a Kentucky Online Gateway Citizen Account? Create An Account
	Click here to select user account type

CDL Portal

The CDL Portal is where customers can electronically submit their CDL Applications, Self- Certifications, Medical Certifications and\or Waivers.

Portal Home Page:

	ument Portal	Welcome							
	Home Search Upload Letters KDL	IS Report							
Please select an option below to begin completing a form.									
CDL Application	Self-Certification Medical Examiner's Certificate	Waiver							

Commercial Application Pre-qualification screen – Date-of-Birth (DOB), Driver License Number, State and email are required; cell phone is optional:

CDL Applie	cation			
Please enter infor	mation exactly as it appear	s on your drivers license.		
DOB:	Driver's License #:	State:		
04/01/1972	\$98765432	Kentucky		
Cell Phone:	Email:			
(502)555-1212	Driver@gmail.com			
			Next	
		Â		
		K		

Complete the CDL Applica	tion:					
CD	DL Applicatio	on				
First N	Name:	Last Name:	MI:			
Shar	awn	Spencer				
Social	al Security #:	US Citizen/Permanent Resid	ient?:			
123-	3-45-6789	Yes 🔻				
Sex:		Height:	Weight(LBS):	Eye Color:		
Mai	ale 🔻	6° ¥ 1° ¥	210	Blue 🔻		
Hom	ne Address:					
Addre	ress(street):	City:	Zip:	State:		
450	0 Beach Blvd	Santa Barbara	40601	Kentucky 🔻		
Che	neck box if mailing addre	ess is the same as the home	address.			
Mallin	ling Address:					
Addre	ress(street):	City:	Zip:	State:		
				Select V		
🔲 M lin List ell	licensed only in Kentuck Il states where you have h	ky, check here to skip this ste held any type of license in the la	≄ p. ist 10 years.			
Click	to add other State Lice	nse History Add State				
First 8	Name: MI:	Last Name: DOB:	License #: State:	Date Issued:		
					_	
					Next	
			(K	<u>></u>		
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CDL Apr	plication		
First Name: Shawn Social Security #: 124-63789	Last Name: M: Spont or US CitizenPermanent Resident?: Yes		
Sex: Male Home Address	Height: Weight(LBS): Eye Color: ♥ 6° 1° 210 Blue S:	v	
Address(street): 450 Beach Bird ⊮ Check box if m	City: Zip: State: Santa Barbara 40001 Kentucky aailing address is the same as the home address.	v	
If licensed only	/in Kentucky, check here to skip this step.	Next	
	Ŕ		
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Click checkbox if Mailing Address is the same as the Home Address; and if only licensed in KY:

Enter Mailing Address and\or other State License History information:

	•					
	CDL Applicat	ion				
	First Name:	Last Name: Spencer	MI:			
	123-45-6789	Yes ¥	dent /:			
	Sex: Male V	Height:	210	Eye Color: Blue •		
	Home Address: Address(street):	City:	Zip:	State:		
	Check box if mailing add	dress is the same as the home	address.	Remut ky		
	Mailing Address:					
	Address(street):	City:	Zip:	State:		
	If licensed only in Kentu List all states where you have Click to add other State Lice	cente Serbold acky, check here to skip this st e held any type of license in the l cense History Add State	ep. ast 10 years.	Contrast of		
	First Name: MI: Shawn	Last Name: DOB: Spencer 04/01/19	License #: State 972 TX	: Date Issued:		
				Next		
				è		
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Select an option regarding Part 391:



I certify I meet qualifications requirements contained in Part 391 of the Federal Motor Carrier Safety Regulations.

 \blacksquare I certify that I am not subject to Part 391 and provided documentation to substantiate.



Successful Submission of the Commercial Application:

✓	Thank you for submitting your CDL Application throuwill receive an email shortly letting you know that we received your application.	ugh the CDL Portal. You e have successfully
	Home	
© 2017 Commonwealth of Kontucky , All rights reserved	Piloary (Sociality / Acoustity	Kenkoly Sarapatala Caland 20 Jenes Ser Jan Kenkol V 4022

Self-Certification Pre-qualification screen – Date-of-Birth (DOB), Driver License Number, State and email are required; cell phone is optional:

	Commercial [Driver License	Self-Certific	cation		
	Please enter informati	on exactly as it appears	on your drivers lice	inse.		
	DOB:	Driver's License #:	State:			
	04/01/1972	S98765432	Kentucky	Ŧ		
	Cell Phone:	Email:				
	(502)555-1212	Driver@gmail.com				
					Next	
				- K		
© 2017 Commonwealth of Kentucky. All rights reserved			Privacy Se	curity Disclaimer Accessibility		Kentucky Transportation Cabinet 200 Mero Street, Frankfort, KY 40032

Complete the Self-Certification form; Click Submit:

Comme	rcial Driver License Self-Certification	
The Federal Mot certification for di selected.	If Carriers Safety Regulations require all CDL holders to self-certify as to what type driving healthe performs or expects to perform. While FMCSA livers operating in non-excepted, interstate operations, Kentucky requires all CDL holders to be medically certified (601 KAR1:009) regards	A only requires medical ess of category
First Name: Shawn	Last Name: Mi: Sponcer	
Social Security	Number 123-45-6789	
There are for	ir categories from which to choose; please select one.	
Non-excepted Excepted Init excepted Init	Interstate. Learly that located or expect to operate in kinetate commerce state. Learly that located or expect to operate in kinetate commerce but, regage exclusively in transportation or operations of CFR 303.1 k. transportation of migrant avoid a state of the s	
🗷 I certify that th	information I have provided regarding Self-Certification is true and complete. Submit	
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Successful Submission of the Self-Certification:

Th wil rec	ank you for submitting your Self-Certification through the CI I receive an email shortly letting you know that we have suc ceived your application.	DL Portal. You cessfully
	Home	
	A	
C 2017 Commonwealth of Kentucky. Al rights reserved	Phage (becarly (becarling)	Kintuciy Transportation Casteel 200 Mees Street, Frankola, NY 4002

Medical Certification Pre-qualification screen – Date-of-Birth (DOB), Driver License Number, State and email are required; cell phone is optional:

	Medical Exar	niner Certificat	ion			
	Please enter informati	ion exactly as it appears	on your drivers license.			
	DOB:	Driver's License #:	State:			
	04/01/1972	\$98765432	Kentucky *			
	Cell Phone:	Email:				
	(502)555-1212	Driver@gmail.com				
				Next		
1						
1						
			12			
© 2017 Commonwealth of Kentucky. All rights reser			Privacy Security Discialin	ar Accessibility	Kantucky Transportation Catalnet 200 Mero Street, Frankfurt, KY 40522	

Complete the Medical Certification form:

Med	dical Examiner Certification	
First N Shaw	ame: Last Name: Mi: m Spencer	
450 B CLP or	Coll ApplicantHolder Driving Duties:	
Yes (or No v Intrastate or Interstato v	
Nonce Wear Acco Haid do 49 CPR Medica	ng Corrective Lenses trop Hearing Add moment by a SI& Performance Evaluation Certificate who Christ Ack to salekt multiple tense. I SI SI 62, 49 CFR 391 64 I Examiner's First Name: Medical Examiner's Last Name: Examiner's Phone:	
Title: Selec	National Registry #: Examiner's State License, Certificate, or Registration #: et. v	
Issuing Selev	School bus Medical Examiners Certificate g State: Endorsement Holder? Date Certificate was Signed: Medical Examiners Certificate ct. V Yes or No MMADD/YYYY MMADD/YYYY	
	Next	
C 2017 Commonwealth of Kentucky. All rights reserved	Hintery (Security (Discounter (Accession)	Annuaxy transportation Catalina 2003 Mero Street, Franktori, KY 40622

Medical Exan	niner Certification	
First Name: Shawn Home Address(street):	Last Name: Mt: Spencer City: Zip: State:	
450 Beach Bhrd CLP or CDL Applicant/Hold Ves	Santa Barbara 40601 Kentucky V ler: Driving Duties: V Interstate V	
Restrictions Noon Wearing Corrective Lense Wearing Corrective Lense Wearing Jeaning Add Accompanies by a SUIR Per Hold down Chi + clark to sele 49 CFR 391 52, 49 CFR 391 Medical Examiner's First No Doctor	rformance Evaluation Certificate ct multiple terms. 64 me: Medical Examiner's Last Name: Examiner's Phone: Who (502)122-4567	
Title:	Examiner's State License, Certificate, National Registry #: or Registration #:	
MD ¥	3216549670 08765432 102%	
Issuing State: Kentucky v	School bus Medical Examiners Certificate Endorsement Holder? Date Certificate was Signed: Expiration Date: No 04/17/2017 04/17/2019 	
	Next	
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Choose a file to Upload (if using a Smartphone you can take a photo of the certificate to upload); Click Submit:

Mec	dical Examiner Certification	
	e I certify that the information I have provided regarding Medical Examiner's Certificate is true and complete. Upload Image of Medical Examiner's Certificate: Choose File MedCert.pdf	
	Submit	
	<u> </u>	
© 2017 Commonwealth of Kentucky. All rights reserved	Prozy (dechr) (ascaner / Associatiy	Kanbachy Thansportation Catinet. 200 Marco Stand. Examination 17:00

Successful Submission of the Medical Certification:

•	Thank you for submitting your Medical Examiner C CDL Portal. You will receive an email shortly letting successfully received your application.	ertification through the you know that we have
	Home	
6 2017 Controlawath of Kinkuby All rights reasoned	Phag (Secrify (Successive) Accessive)	Konkoly Sznaprádas Calmai 2023 kerz ikrat, frankol, kt. 4022

Medical Waiver Pre-qualification screen – Date-of-Birth (DOB), Driver License Number, State and email are required; cell phone is optional:

Medical Wai	ver		
Please enter informa	tion exactly as it appears on your drivers license.		
DOB:	Driver's License #: State:		
04/01/1972	\$98765432 Kentucky *		
Cell Phone:	Email:		
(502)555-1212	Driver@gmail.com		
		Next	
	<u>^</u>		
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Enter an Upload Date and Choose a file to upload: Click Submit	Enter an U	pload Date and	Choose a file	to upload	: Click Submit
--	------------	----------------	---------------	-----------	----------------

ľ	/ledical Waiver		
ri	rst Name: Last Name: ME: Shewn Spencer		
		Submit	
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Successful Submission of the Medical Waiver:

T 🗸	Thank you for submitting your Medical W vill receive an email shortly letting you kr	aiver through the CDL Portal. You now that we have successfully	
. n	eceived your application.		
© 2011 Commonwealth of Verketsy. All rights meanwed	Phong (Electrify (Diceanner) Annexes	n, v	nkuky Transponkton Castmet