



Commercial Drivers License Online Portal

Public User's Guide

Last Modified: July 08, 2019

Table of Contents

Commercial Drivers License Online Portal.....	2
KOG Login	2
Portal Home Page	4
CDL Portal	4

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

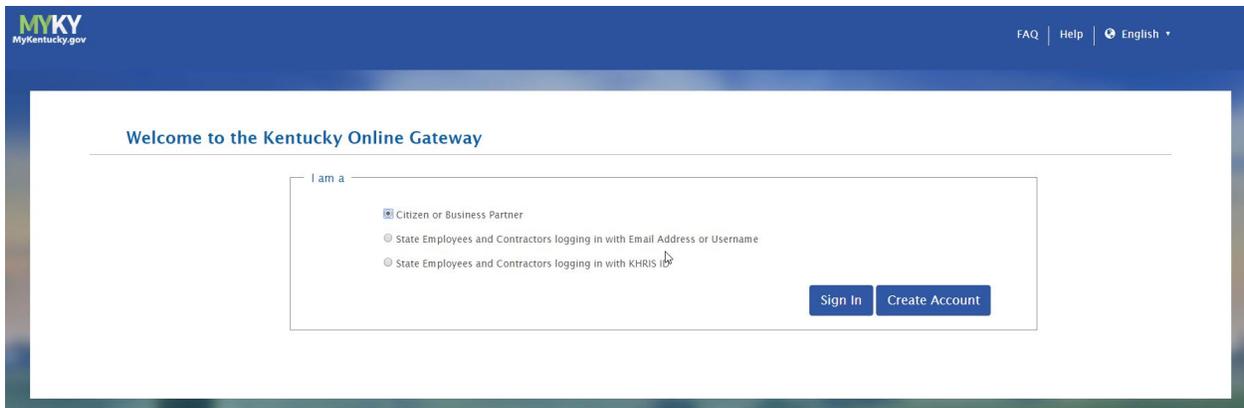
Portal Home Page

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:



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

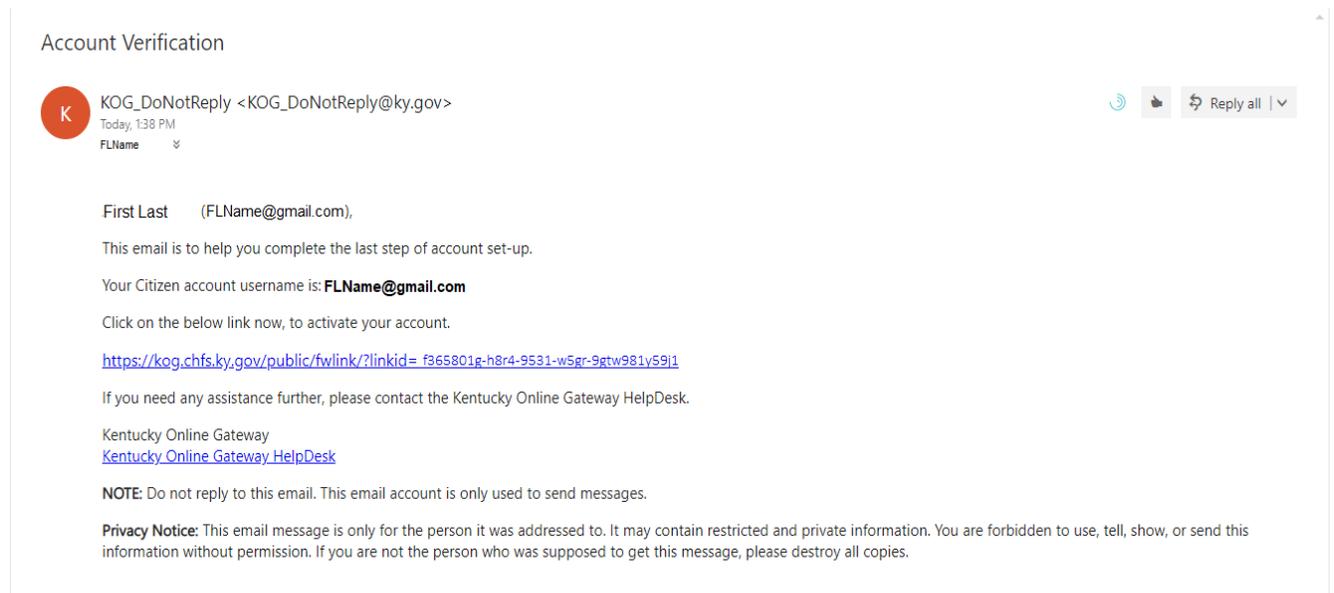
i If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the **Cancel** button below to log into your account.

Please fill out the form below and click **Sign Up** when finished.
All fields with * are required.

* First Name	Middle Name	* Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* E-Mail Address		* Verify E-Mail Address
<input type="text"/>		<input type="text"/>
* Password		* Verify Password
<input type="text"/>		<input type="text"/>
Mobile Phone		Language Preference
<input type="text"/>		English
Street Address 1		Street Address 2
<input type="text"/>		<input type="text"/>
City		State
<input type="text"/>		Kentucky
		Zip Code
		<input type="text"/>
Question		* Answer
In what city were you born? (Enter full name of city only)		<input type="text"/>
Question		* Answer
What was the name of your first pet?		<input type="text"/>

Cancel **Sign Up**

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.

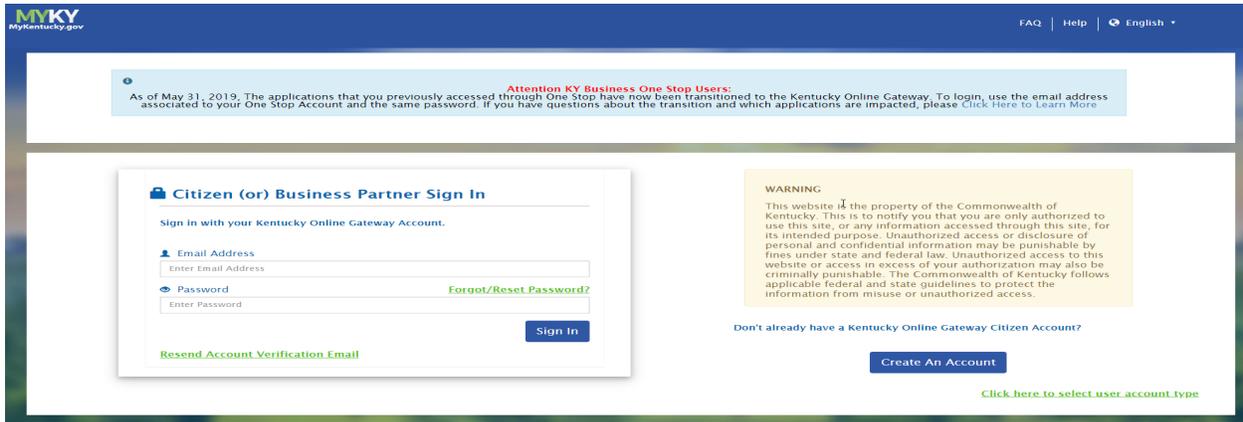


Users will then be asked to enter their credentials. This will be:

- Email Address
- Password

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

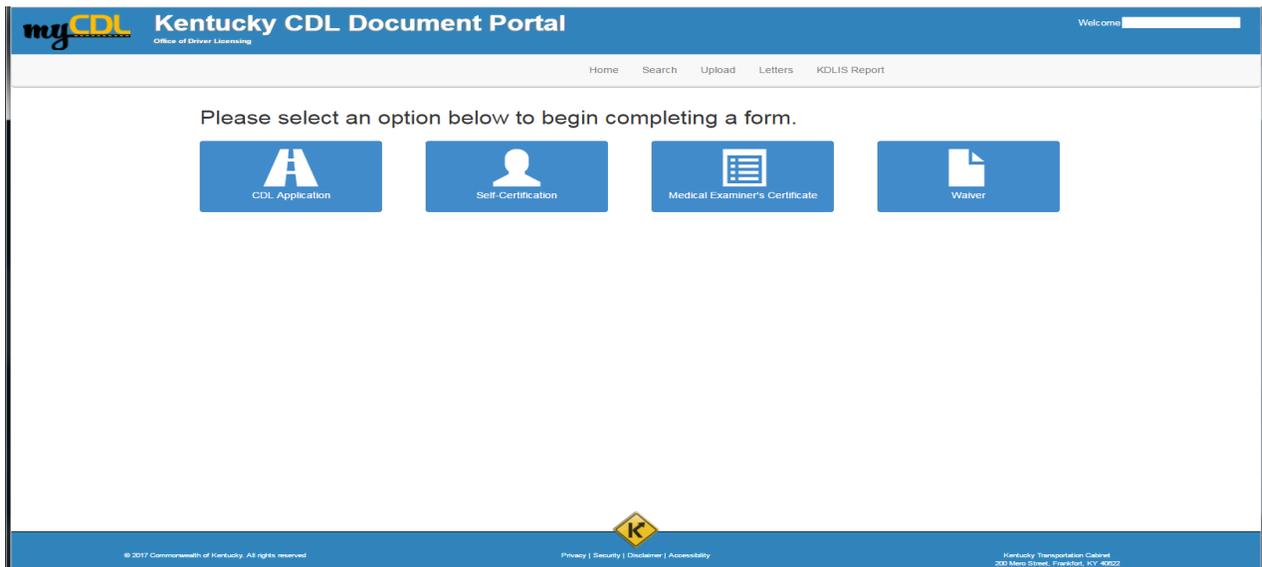
KOG Login Screen Continued:



CDL Portal

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

Portal Home Page:



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

CDL Application

Please enter information exactly as it appears on your drivers license.

DOB: **Driver's License #:** **State:**

Cell Phone: **Email:**

[Next](#)



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Complete the CDL Application:

CDL Application

First Name: **Last Name:** **MI:**

Social Security #: **US Citizen/Permanent Resident?:**

Sex: **Height:** ' " **Weight(LBS):** **Eye Color:**

Home Address:

Address(street): **City:** **Zip:** **State:**

Check box if mailing address is the same as the home address.

Mailing Address:

Address(street): **City:** **Zip:** **State:**

If licensed only in Kentucky, check here to skip this step.
List all states where you have held any type of license in the last 10 years.

Click to add other State License History [Add State](#)

First Name:	MI:	Last Name:	DOB:	License #:	State:	Date Issued:

[Next](#)



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Click checkbox if Mailing Address is the same as the Home Address; and if only licensed in KY:

CDL Application

First Name: Last Name: MI:

Social Security #: US Citizen/Permanent Resident?:

Sex: Height: Weight(LBS): Eye Color:

Home Address:

Address(street): City: Zip: State:

Check box if mailing address is the same as the home address.

If licensed only in Kentucky, check here to skip this step.

[Next](#)

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

CDL Application

First Name: Last Name: MI:

Social Security #: US Citizen/Permanent Resident?:

Sex: Height: Weight(LBS): Eye Color:

Home Address:

Address(street): City: Zip: State:

Check box if mailing address is the same as the home address.

Mailing Address:

Address(street): City: Zip: State:

If licensed only in Kentucky, check here to skip this step.

List all states where you have held any type of license in the last 10 years.

Click to add other State License History [Add State](#)

First Name:	MI:	Last Name:	DOB:	License #:	State:	Date Issued:
Shawn		Spencer	04/01/1972		TX	

[Next](#)

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Select an option regarding Part 391:

CDL Application

As a commercial driver license applicant, I certify that I meet the qualifications contained in part 391 of the Federal Motor Carrier Regulations. I certify that the motor vehicle in which I am applying to operate is representative of the type of vehicle I operate or expect to operate. I certify that I am not subject to any disqualification, suspension, revocation or cancellation. I certify that I do not have a driver's license from more than one state or jurisdiction. I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein and that the statements in this application are true and correct. I consent to the release of my driving record information as provided in KRS 187.310 and KRS 281A.100.

Check One Box Only

- I certify I meet qualifications requirements contained in Part 391 of the Federal Motor Carrier Safety Regulations.
- I certify that I am not subject to Part 391 and provided documentation to substantiate.



CDL Application

As a commercial driver license applicant, I certify that I meet the qualifications contained in part 391 of the Federal Motor Carrier Regulations. I certify that the motor vehicle in which I am applying to operate is representative of the type of vehicle I operate or expect to operate. I certify that I am not subject to any disqualification, suspension, revocation or cancellation. I certify that I do not have a driver's license from more than one state or jurisdiction. I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein and that the statements in this application are true and correct. I consent to the release of my driving record information as provided in KRS 187.310 and KRS 281A.100.

Check One Box Only

- I certify I meet qualifications requirements contained in Part 391 of the Federal Motor Carrier Safety Regulations.
- I certify that I am not subject to Part 391 and provided documentation to substantiate.

Submit



Successful Submission of the Commercial Application:



Thank you for submitting your CDL Application through the CDL Portal. You will receive an email shortly letting you know that we have successfully received your application.

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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-Certification

Please enter information exactly as it appears on your drivers license.

DOB:	Driver's License #:	State:
<input type="text" value="04/01/1972"/>	<input type="text" value="S98765432"/>	<input type="text" value="Kentucky"/>
Cell Phone:	Email:	
<input type="text" value="(502)555-1212"/>	<input type="text" value="Driver@gmail.com"/>	

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Complete the Self-Certification form; Click Submit:

Commercial Driver License Self-Certification

The Federal Motor Carrier Safety Regulations require all CDL holders to self-certify as to what type driving he/she performs or expects to perform. While FMCSA only requires medical certification for drivers operating in non-excepted, interstate operations, Kentucky requires all CDL holders to be medically certified (601 KAR1:005) regardless of category selected.

First Name: Last Name: MI:

Social Security Number:

There are four categories from which to choose; please select one.

- Non-excepted Interstate- I certify that I operate or expect to operate in interstate commerce
- Excepted Interstate- I certify that I operate or expect to operate in interstate commerce but, engage exclusively in transportation or operations excepted under 49 CFR 390.3(f) (i.e. farm related service industries, 391.2 i.e. Aerialist industries, 391.68 i.e. private motor carrier of passengers (nonbusiness), or 398.3 i.e. transportation of migrant workers
- Non-excepted Intrastate- I certify that I operate or expect to operate only in intrastate commerce. (This category requires a 'K' restriction be printed on your CDL/permit.)
- Excepted Intrastate- I certify that I operate or expect to operate in intrastate commerce but, engage in transportation or operations excepted from all or parts of the State driver qualifications requirements. (This category requires a 'K' restriction be printed on your CDL/permit)

[Interstate Commerce and Intrastate Commerce Descriptions](#)

I certify that the information I have provided regarding Self-Certification is true and complete.

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Successful Submission of the Self-Certification:

 Thank you for submitting your Self-Certification through the CDL Portal. You will receive an email shortly letting you know that we have successfully received your application.

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

Medical Examiner Certification

Please enter information exactly as it appears on your drivers license.

DOB:	Driver's License #:	State:	
<input type="text" value="04/01/1972"/>	<input type="text" value="S98765432"/>	<input type="text" value="Kentucky"/>	
Cell Phone:	Email:		
<input type="text" value="(502)555-1212"/>	<input type="text" value="Driver@gmail.com"/>		

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Complete the Medical Certification form:

Medical Examiner Certification

First Name:	Last Name:	MI:	
<input type="text" value="Shawn"/>	<input type="text" value="Spencer"/>	<input type="text"/>	
Home Address(street):	City:	Zip:	State:
<input type="text" value="450 Beach Blvd"/>	<input type="text" value="Santa Barbara"/>	<input type="text" value="40601"/>	<input type="text" value="Kentucky"/>
CLP or CDL Applicant/Holder:	Driving Duties:		
<input type="text" value="Yes or No"/>	<input type="text" value="Intrastate or Interstate"/>		
Restrictions			
<input type="text" value="None"/> <input type="text" value="Wearing Corrective Lenses"/> <input type="text" value="Wearing Hearing Aid"/> <input type="text" value="Accompanied by a SIB Performance Evaluation Certificate"/> <small>Hold down Ctrl + click to select multiple items.</small>			
<small>49 CFR 391.62, 49 CFR 391.64</small>			
Medical Examiner's First Name:	Medical Examiner's Last Name:	Examiner's Phone:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title:	National Registry #:	Examiner's State License, Certificate, or Registration #:	
<input type="text" value="Select..."/>	<input type="text"/>	<input type="text"/>	
Issuing State:	School bus Endorsement Holder?	Date Certificate was Signed:	Medical Examiners Certificate Expiration Date:
<input type="text" value="Select..."/>	<input type="text" value="Yes or No"/>	<input type="text" value="MMDDYYYY"/>	<input type="text" value="MMDDYYYY"/>

[Next](#)



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Medical Examiner Certification

First Name: Last Name: MI:

Home Address (street): City: Zip: State:

CLP or CDL Applicant/Holder: Driving Duties:

Restrictions

Wearing Corrective Lenses
 Wearing Hearing Aid
 Accompanied by a Skill Performance Evaluation Certificate
 *Please use up/down arrows to scroll through the list of restrictions. Hold down Ctrl + click to select multiple items.
 49 CFR 391.62, 49 CFR 391.64

Medical Examiner's First Name: Medical Examiner's Last Name: Examiner's Phone:

Title: National Registry #: Examiner's State License, Certificate, or Registration #:

Issuing State: School bus Endorsement Holder?: Date Certificate was Signed: Medical Examiners Certificate Expiration Date:

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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:

Medical Examiner Certification

I certify that the information I have provided regarding Medical Examiner's Certificate is true and complete.

Upload Image of Medical Examiner's Certificate:
 MedCert.pdf

[Submit](#)



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

Medical Waiver

Please enter information exactly as it appears on your drivers license.

DOB: Driver's License #: State:

Cell Phone: Email:

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Enter an Upload Date and Choose a file to upload; Click Submit:

Medical Waiver

First Name: Last Name: MI:

Upload Date: File: Waiver.pdf



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Successful Submission of the Medical Waiver:

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