

VIOLATION & REVIEW RECORD

DRIVER'S NAME (PRINT)		EMPLOYEE NO.	DATE OF EMPLOYMENT
DRIVER'S LICENSE NO.	STATE	EXPIRATION DATE	SOCIAL SECURITY NO.

CERTIFICATION OF VIOLATION – COMPLETED BY DRIVER

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension or withdrawal of an operator's license, but not parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

Operator's License: (Revoked, Suspended or Withdrawn) _____	Date: _____	License Restored: _____
License No. _____	State: _____	Date: _____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver's Signature	Date
Reviewed by: Signature	Title
Motor Carrier's Name	Motor Carrier's Address

REVIEW AND EVALUATION OF DRIVER'S RECORD – COMPLETED BY MOTOR CARRIER

In accordance with Section 391.25 of the Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months and find that he/she:

- Meets the minimum requirements for safe driving
- Does not adequately meet satisfactory safe driving performance
- Is disqualified to drive a motor vehicle pursuant to Section 391.15

Detail actions taken below and, if more room is needed, on the reverse side of this form.

Reviewed By: Signature	Title	Date