

## Driving Record

Date \_\_\_\_\_

**Driver**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Licenses**

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Experience**

	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx Number of Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor - Two Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

**Accident Record**

	Dates	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities	Injuries
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

*Attach additional sheet if more space is needed to present three year history.*

**Convictions**

Traffic Convictions and Forfeitures for the past three years (other than parking violations)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Attach additional sheet if more space is needed to present three year history.*

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
*If the answer to either of these questions is Yes, please attach a statement giving details.*

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Please Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.