I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Offense | Location (City/State) | Type of Vehicle Operated |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**ANNUAL REVIEW OF DRIVING RECORD**

I certify that I have carefully reviewed the driving record of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to determine whether or not he or she meets the minimum requirements for safe driving specified in this program or is disqualified to drive a COMPANY commercial motor vehicle.

In reviewing this driver’s record, I certify that I have considered any evidence that the driver has violated any company rules or applicable regulations. I have considered the driver’s accident record and any evidence that the driver has violated laws governing the operations of motor vehicles. I have given great weight to violations that indicate that the driver has exhibited a disregard of the safety of the public and company policies, such as speeding, reckless driving, and operating while under the influence or alcohol or drugs.

A copy of the response from each state agency inquired is attached. This form shall be maintained in the driver’s qualification file.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Reviewer Name | Review Date |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Title | Reviewed By Signature |