



Personal Data and Driving Record

Name				Date	
Current Driver's License					
Date Issued		DL#		Date Expires	
Restrictions: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain					
Regular	<input type="checkbox"/>			Endorsements	
CDL	<input type="checkbox"/>	Class	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
Gender	Date of Birth	Hair Color	Eye Color	Height	
USE ADDITIONAL PAPER IF NEEDED					
	Types of vehicles driven in the past		Estimated Miles Driven	Purpose	
1.				<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other _____	
2.				<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other _____	
3.				<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other _____	
Record of Traffic Violations (except parking) for Past Ten (10) Years					
Date	Nature or Type of Violation (What you were charged with)		City/State	Action Taken	
Record of Accidents/Collisions for Past Ten (10) Years					
Date	Nature of Accident (Backing, Rear-Ended, Explain)		City/State	Action taken	
Record of Suspension, Revocation or Disqualifications of License in the Past Ten (10) Years					
Date	Reason for Suspension or Revocation		City/State	Action Taken	
Record of Alcohol/Drug-Related Convictions (DUI/DWI)					
Date			City/State		
Certification					
<i>I certify that all the information given is true, accurate and complete and understand that any misrepresentation of facts in this document or during an interview may subject me to disqualification or dismissal.</i>					

Applicant Signature

Date

Approval

Date