

VIOLATION AND REVIEW RECORD

COMPLETED BY DRIVER-VIOLATION AND REVIEW RECORD

Name of Driver	Social Security number	Date of Employment
Home Terminal	Driver's License Number State	Expiration Date

1. CERTIFICATE OF VIOLATIONS

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 of Conviction	Offense	Location	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 last 12 months.



Drivers Signature **Date**

1. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with section 301.26, motor carrier safety regulations, all information pertinent to the above driver's safety of operations including the list of violations furnished by him in accordance with section 391.27, has been reviewed for the past 12 months.

Action Taken _____

COMPANY REPRESENTATIVE SIGNATURE **DATE** **TITLE**