

~ Certification of Violations & Annual Review Form ~

NOTE: If you have no violations to report, then you must write "NONE." Do not leave it blank.....this form must be signed by the driver and dated. When completed it will become a part of the DOT "Driver Qualification File."

I. Certification of Violations II. Annual Review

DRIVER'S NAME: _____, DOB: ___ / ___ / ___, Driver Number/Code: _____

CDL License Number: _____, State: _____, Expires: ___ / ___ / ___, Social Security #: _____ - _____ - _____

I. CERTIFICATION OF VIOLATIONS: (FMCSR 391.27)

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 OFFENSE:	OFFENSE	LOCATION	VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral because of a violation required to be listed during the past 12 months. Failure to give truthful answers will result in driver disqualification.

Date: ___ / ___ / ___, Driver's Signature: _____

Motor Carrier's Name: _____, Address: _____

Reviewed by: _____, Title: _____
(signature of reviewer)

II. ANNUAL REVIEW AND EVALUATION OF DRIVER'S RECORD: (FMCSR 391.25)

In accordance with section 391.25 of the Federal 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 391.27, has been reviewed.

Action Taken or Comments:

Motor Carrier Name: _____, Address: _____

Reviewed by: (signature) _____, Title: _____, Date: ___ / ___ / ___