

Certificate of Violations & Annual Review

Driver's Name _____

I. 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 twelve months.

Date	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 as a result of any violation required to be listed during the past twelve months.

Driver's Signature Date

Motor Carrier's Name Motor Carrier's Address

Reviewer's Signature Title

II. ANNUAL REVIEW and Evaluation of Driver's Record

In accordance with Section 391.25, 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 391.25 has been reviewed for the past twelve months.

Action Taken: _____

Motor Carrier's Name Motor Carrier's Address

Reviewer's Signature Title Date