

## Flowers Bakeries Certification of Compliance with Driver License Requirements

	(Insert Applicable Bakery	Name)	·
<b>Motor Carrier:</b> As stated in FMCSR Part 383.3: "The rules in this part apply to every person who operates a commercial motor vehicle (CMV) in interstate, foreign, or intrastate commerce, to all employers of such persons, and to all States."			
<b>Driver:</b> followi	The Federal Motor Carrier Safety Administration reng:	quires that you mu	st comply with the
1.	<b>You may possess only ONE license.</b> Part 383.21 states: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."		
	If you have more than one license you must notify to close your record and no longer wish to be licen		ed the license that you wish
2.	Notification of conviction for driver violations: Part 383.31 states: "Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify 1) an official designated by the State or jurisdiction which issued such license AND 2) his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license." The notification to the State official and employer MUST be made in writing.  Notification of driver's license suspensions: Part 383.33 states: "Each employee who has a driver's license suspended, revoked, or cancelled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State of jurisdiction for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of the suspension, revocation, cancellation, lost privilege, or disqualification."		
Please	indicate the only license you will possess below:		
	(Driver's License Number)	(State)	(Exp. Date)
By sign	ing this form: I certify that I have read and understo	od the requiremen	ts listed above.
	(Driver's Name – Please Print)		(Date)



(Driver's Signature)