
(Insert Applicable Bakery Name)

Motor Carrier: Section 391.25 states: “each motor carrier shall, at least once every 12 months, make an inquiry into the driving record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator’s license or permit during the time period.” Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

Driver: Section 391.27(b) states: “Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify.”

Driver – Please complete this Certification of Violations

_____ (Driver’s Name)		_____ (Social Security #)	
_____ (Driver’s License Number)		_____ (State)	
_____ (Exp. Date)			
Date	Offense	Location	Type of Vehicle Operated

If you have **not** had any violations please check this box

I certify that the above information is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

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 past twelve 12 months.

(Driver’s Signature) _____
(Date)

Motor Carrier– Please complete this Certification of Violations

Please review the information listed above and any other information as described in Part 391.25 of the Federal Motor Carrier Safety Regulations and complete the requested information below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she: (Select one of the following :)

Meets the minimum requirements for safe driving

Is disqualified to drive a motor vehicle pursuant to Section 391.15

Does not adequately meet satisfactory safe driving performance.

(Action taken with driver)

(Reviewed By - Signature) _____
(Date)

(Reviewed By – Print Name) _____
(Title)

(Motor Carrier Name)

(Motor Carrier Street Address) _____
(City) _____
(State) _____
(Zip) _____