



MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS & ANNUAL REVIEW OF DRIVING RECORD & REQUEST FOR CHECK OF DRIVING RECORD

NAME OF DRIVER (PRINT): _____ BIRTH DATE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF EMPLOYMENT: _____

ADDRESS: _____
(Street) (City) (State & Zip Code)

TYPE OF DRIVERS LICENSE: CDL ☐ NON-CDL ☐

TOTAL YEARS LICENSED DRIVING EXPERIENCE: _____

DRIVER'S LICENSE NO.: _____ STATE: _____ EXP.DATE: _____

MED. CERT. EXPIRATION _____ CORPORATE OFFICE: CLOVERDALE, VIRGINIA

REQUEST FOR CHECK OF DRIVER'S LICENSE

CDL DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. 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 (Section 391.27).

I certify that the following is a true and complete list of traffic violations (other than parking violations) which I have been convicted or forfeited bond or collateral during the past 12 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 on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

(Date)

(Applicant's Printed Name)

(Applicant's Signature)

For Office Use Only: **ANNUAL REVIEW OF DRIVING RECORD**

I have hereby reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the FMCSRs. I considered the driver's accident record and any evidence that he/she violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- ☐ The driver meets the minimum requirement for safe driving
- ☐ The driver is disqualified to drive a Motor Vehicle pursuant to 391.15
- ☐ The driver does not adequately meet satisfactory safe driving performance

ACTION TAKEN: _____

REVIEWED BY: _____ DATE: _____
(Signature)

TITLE: _____

Motor Carrier: **NEW RIVER ELECTRICAL CORPORATION**

Motor Carrier's Address: **PO BOX 70 CLOVERDALE, VA 24077**