## YVEDDI_bwlogo_vert.pngPersonal Data and Driving Record

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | |  | | | | | | | | | Date | | |  | | |
| Current Driver’s License | | | | | | | | | | | | | | | | | | |
| Date Issued | | | |  | | DL# | |  | | | | | | | Date Expires | | |  |
| Restrictions: ❑ No ❑ Yes If yes, explain | | | | | |  | | | | | | | | | | | | |
| Regular | | | ❑ | | | | | | | | | Endorsements | | | | |  | |
| CDL | | | ❑ | | Class | ❑ A ❑ B ❑ C | | | | | |
| Gender | | | Date of Birth | | | | Hair Color | | | | | Eye Color | | | | | Height | |
|  | | |  | | | |  | | | | |  | | | | |  | |
| USE ADDITIONAL PAPER IF NEEDED | | | | | | | | | | | | | | | | | | |
|  | Types of vehicles driven in the past | | | | | | | | Estimated Miles Driven | | | | | | Purpose | | | |
| 1. |  | | | | | | | |  | | | | | | ❑Personal ❑Work ❑Other \_\_\_\_\_\_\_\_\_\_\_ | | | |
| 2. |  | | | | | | | |  | | | | | | ❑Personal ❑Work ❑Other \_\_\_\_\_\_\_\_\_\_\_ | | | |
| 3. |  | | | | | | | |  | | | | | | ❑Personal ❑Work ❑Other \_\_\_\_\_\_\_\_\_\_\_ | | | |
| Record of Traffic Violations (except parking) for Past Ten (10) Years | | | | | | | | | | | | | | | | | | |
| Date | | Nature or Type of Violation (What you were charged with) | | | | | | | | | | City/State | | | | | Action Taken | |
|  | |  | | | | | | | | | |  | | | | |  | |
|  | |  | | | | | | | | | |  | | | | |  | |
| Record of Accidents/Collisions for Past Ten (10) Years | | | | | | | | | | | | | | | | | | |
| Date | | Nature of Accident (Backing, Rear-Ended, Explain) | | | | | | | | | | City/State | | | | | Action taken | |
|  | |  | | | | | | | | | |  | | | | |  | |
|  | |  | | | | | | | | | |  | | | | |  | |
| Record of Suspension, Revocation or Disqualifications of License in the Past Ten (10) Years | | | | | | | | | | | | | | | | | | |
| Date | | Reason for Suspension or Revocation | | | | | | | | | | City/State | | | | | Action Taken | |
|  | |  | | | | | | | | | |  | | | | |  | |
|  | |  | | | | | | | | | |  | | | | |  | |
| Record of Alcohol/Drug-Related Convictions (DUI/DWI) | | | | | | | | | | | | | | | | | | |
| Date | |  | | | | | | | | City/State | | | |  | | | | |
| Certification | | | | | | | | | | | | | | | | | | |
| *I certify that all the information given is true, accurate and complete and understand that any misrepresentation of facts in this document or during an interview may subject me to disqualification or dismissal.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | |
| Applicant Signature | | | | | | | | | | | Date | | | | | | | |
| Approval | | | | | | | | | | | Date | | | | | | | |