

## Record of Driving Violations

Driver Record Year

---

Name:

---

Driver's License #:

---

Driver's License Expiration

Date:

---

NOTE: If driver's license number has changed, please attach a copy of new driver's license

NO VIOLATIONS

Check box if you had no violations

Date of  
Conviction/Offense

City/State

Type of Vehicle

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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

Driver's Signature:

---

Motor Carrier Name:

City of Colorado Springs; 30 S. Nevada, Colorado Springs, CO

Reviewed by:

---