Truck Writers
Insurance. It's a Good Thing.

VIOLATION AND REVIEW RECORD

Driver's Name_____

(please print or type)

Certification of Violations

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

Date of	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 required to be listed during the past 12 months.

_____ _____
(Date of Certification) **(Driver's Signature)**

_____ _____
(Motor Carrier's Name) **(Motor Carrier's Address)**

_____ _____
(Reviewed by: Signature) **(Title)**

REVIEW AND EVALUATION OF DRIVER'S RECORD

- **In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months.**

Action Taken:_____

_____

_____

_____

_____

_____ _____
(Motor Carrier's Name) **(Motor Carrier's Address)**

_____ _____ _____
(Date) **(Title)** **(Reviewed by: Signature)**