

**Please provide employment history for the proceeding preceding 10 years.
 (NOTE: List all employers in order starting with the most recent. Add another
 sheet if necessary.) Also, please explain any lapses in employment history.**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49
 CFR, Part 40? **YES NO**
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO N/A PLEASE CIRCLE ONE

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49
 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49
 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49
 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49
 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

Accident Record for Past 10 Years or More (Attach Sheet if More Space is Needed)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

List all accidents that you have been involved in that resulted in vehicles being towed, individuals transported from the scene via ambulance seeking medical treatment, or if a fatality was involved. (10 Years or More - Attach Sheet if More Space is Needed)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended _____
Name City/State

EXPERIENCE AND QUALIFICATIONS – DRIVER

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM	TO	APPROX. NO. OF MILES

List states operated in for last 5 years _____

Show special courses or training that will help you as a driver _____

Which safe-driving awards do you hold and from whom? _____

DRIVERS LICENSE INFORMATION

DRIVERS LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit, or privilege been suspended or revoked? _____

Have you ever been **CONVICTED** of a felony?

No _____ Yes _____ If yes, Date _____

↓

Explain circumstances and outcome of conviction: _____

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown).

TO BE READ AND SIGNED BY APPLICANT

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize BRAVO MOTOR CARRIERS INC. to make such investigations and inquiries of my personal, employment, financial, medical, criminal histories and other related matters. I have the full understanding that BRAVO MOTOR CARRIERS INC. reserves the right to arrive at a decision based on any information obtained from such inquiries and investigations. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that false or misleading information given in my application or interview(s) may result in termination of contract. I understand that I am required to abide by all of the policies and procedures of BRAVO MOTOR CARRIERS INC. and regulations set forth by the Federal Motor Carrier Safety Administration.

..... Date _____ **X** _____ Signature

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Sec. 40.25(j) As the company, you must ask the contractor whether her or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the contractor applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the contractor admits that he or she had a positive test or refusal to test, you must not use the contractor to perform safety sensitive functions for you until and unless the contractor documents successful completion of the return-to-duty process (see Sec. 40.25(b)(5) and (e)).

**BRAVO MOTOR CARRIERS INC.
1717 TURNING BASIN SUITE 480
HOUSTON, TX 77029**

Prospective Driver's Name

SSN

The prospective driver is required by Sec. 40.25(j) to respond to the following questions:

(1) Have you ever tested positive or refused to test, on any pre-employment drug or alcohol administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

YES NO

(2) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

YES NO N/A

Prospective Driver's Signature

Date

Company Representative

Date

***FAIR CREDIT REPORTING ACT
DISCLOSURE STATEMENT***

I authorize you, BRAVO MOTOR CARRIERS INC. (CARRIER), to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) hereby release employers, schools, health care providers and other persons from all liability in-responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required

by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employer; and
- Have errors in the information corrected by previous employers and for those previous employers to re- send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant Printed Name

Date

Applicant Signature

Social Security Number

Request for Information From Previous Employer

**BRAVO MOTOR CARRIERS INC.
1717 TURNING BASIN SUITE 480
HOUSTON, TX 77029**

Carrier Phone: _____ *Carrier Fax:* _____

Applicant: Please Leave Following Section Blank

Attention: Previous Employer (_____)

Fax: _____ Phone: _____

From (carrier name): _____

Applicant: Complete below section ONLY.

I hereby authorize you to release the following information to **BRAVO MOTOR CARRIERS, INC.**, for purposes of investigation as required. You are hereby released from any liability, which may result from furnishing such information.

Applicant Signature:
X _____

Date:
X _____

Applicant Printed Name:
X _____

Social Security Number:
X _____

Part 391

QUALIFICATIONS OF DRIVERS AND LONGER COMBINATION VEHICLE (LCV) DRIVER INSTRUCTORS

§ 391.23: Investigation and inquiries.

(a) Except as provided in subpart G of this part, each motor carrier shall make the following investigations and inquiries with respect to each driver it employs, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:

(a)(2) An investigation of the driver's safety performance history with Department of Transportation regulated employers during the preceding three years.

(c)(2) The investigation may consist of personal interviews, telephone interviews, letters, or any other method for investigating that the carrier deems appropriate. Each motor carrier must make a written record with respect to each previous employer contacted, or good faith efforts to do so. The record must include the previous employer's name and address, the date the previous employer was contacted, or the attempts made, and the information received about

the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety performance history information, must be documented. The record must be maintained pursuant to § 391.53. (c)(3) Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA following procedures specified at § 386.12 of this chapter and keep a copy of such reports in the Driver Investigation file as part of documenting a good faith effort to obtain the required information.

Applicant: Please Leave This Page Blank
REQUEST FOR EMPLOYMENT VERIFICATION ** Fax (832) 201-8135

The below named individual has applied for a position at BRAVO MOTOR CARRIERS INC. We appreciate your time in completing, in confidence, the information requested below. Thank you.

Please see attached sheet for signature authorizing release of requested information.

1. Dates of employment: _____ to _____
2. Position: _____
3. Reason for leaving: _____ Resigned _____ Terminated _____ Laid Off
4. Was the employee/contractor:
 - a. Subject to FMCSA Regulations? _____
 - b. In a position designated as safety sensitive per 49 CFR Part 40? _____
5. Type of equipment operated: _____ **Straight Truck** _____ **Tractor/Trailer**
_____ Bus _____ Dry Van _____ Container _____ Flatbed
_____ Tanker _____ Heavy Haul _____ (Other: Please Specify)
6. Number of accidents in last 3years : _____ Preventable _____ Non-preventable
Dates/Descriptions of accidents: _____
7. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years? Yes No
8. Has this individual had a controlled substance test with a positive result in the past three years? Yes No
9. Has this individual refused a controlled substance test and/or alcohol test within the past three years? Yes No
10. Did this individual violate any other provisions of the DOT drug and alcohol testing regulations while at this company? Yes No

11. Have you received information from any previous employer that this individual violated any DOT drug and alcohol regulation? Yes No

12. Eligible for rehire: Review Yes No

Additional Comments: _____

Company Name: _____ Phone: _____

Address: _____ FAX: _____

Preparer's Name: _____ Position: _____

Signature: _____ Date: _____

1st Request: _____ 2nd Request: _____ 3rd Request: _____ Cert Mail: _____

6000 Western Place Suite 480

Fort Worth, Texas 76107

DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of our hiring, a background check and investigation will be conducted. We may ask FleetScreen, a consumer reporting agency, to prepare a consumer report and an investigative consumer report prior to your being qualified in the service of **BRAVO MOTOR CARRIERS INC.** The consumer investigative report may consist of contacting all listed prior employers to verify your employment history, job performance and drug/alcohol testing data. It may also include a consumer report to include a check of applicable criminal police or court records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such a report from FleetScreen, we must have your written permission for FleetScreen to obtain the information and to provide the information to us as part of our analysis of your application for employment with our company.

Below you will find an authorization and release for FleetScreen to prepare a consumer report, and for our company to receive, a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

AUTHORIZATION & RELEASE TO OBTAIN CONSUMER REPORT

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans with Disability Act and all applicable federal, state and local laws, I hereby authorize and permit **BRAVO MOTOR CARRIERS INC.** to obtain from FleetScreen, a consumer report and investigative consumer report which may include the following:

1. My employment records
2. Records concerning any driving, criminal history, credit history, and civil records
3. For Truck Drivers Only- In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382,413, information concerning alcohol and controlled substances use for the past three (3) years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service.

I understand that the above items, which may constitute "investigative consumer reports", may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as **BRAVO MOTOR CARRIERS INC.** and FleetScreen from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act, I may request a copy of the consumer report or consumer investigative report from FleetScreen, the consumer reporting agency that compiled the report, after I have provided FleetScreen with proper identification. I also understand that before any adverse action is taken based, in whole or in part, on the information in the consumer report, I will be provided a copy of the report, the name, address and telephone number of FleetScreen, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize FleetScreen to obtain and prepare an investigative consumer report as set forth above and to provide that report to **BRAVO MOTOR CARRIERS, INC.**, as part of its investigation of my employment application.

FULL NAME _____ A.K.A _____

ADDRESS _____ CITY/ST. _____ ZIP _____

PREVIOUS ADD. _____ CITY/ST. _____ ZIP _____

*DOB _____ SSN _____

DRIVERS LICENSE No. _____ STATE ISSUED _____

Applicant Signature: _____ Date: _____

*This is for criminal purposes only **Must be completed by client before investigation will be performed** Client: **BRAVO MOTOR CARRIERS INC. Via CFDS.** Manager: Casey Gamble Date: ____/____/____
Please check all that apply STATE CRIM COUNTY CRIM NATIONAL CRIM SSN MVR CDL:
YES EMPLOYMENT _____ EDUCATION _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with BRAVO MOTOR CARRIERS INC. (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those

crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize BRAVO MOTOR CARRIERS INC. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.

**Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019**

2. Deliver, mail or FAX the completed form to:

Facsimile: 512-424-5310

I, _____, _____
Print Name of CDL Holder

Of _____, _____
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____, _____
BRAVO MOTOR CARRIERS INC.
Print Name

Of _____, _____
1717 TURNING BASIN SUITE 480 HOUSTON, TX 77029
Print Address

Driver License Number _____ State _____ Date of Birth _____

Signature of Driver **X**

Date

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.

MCS-21 (Rev 9/10)

CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in PART 383 apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding. The requirements in PART 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: PARTS 383 and 391 of the FMCSR contain some requirements with which you, as the driver, must comply. These requirements are as follows:

1. You, as the commercial driver, may not possess more than one license. If you currently have more than one license, you should keep the license from your state of residence and return the other licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. PART 392.42 and PART 383.33 of the FMCSR require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your license. In addition, PART 383.31 requires that at any time you violate a state or local traffic law (other than parking) you report this to your employing motor carrier and the state that issued you the license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements and the following license is the only license that I possess:

Drivers License Number: _____ State: _____ Exp. Date: _____

Driver's Signature: _____ Date: _____

APPLICANT DRIVER'S CERTIFICATION OF VIOLATIONS

(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.

(b) 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.

(c) The form of the driver's list or certification shall be prescribed by the motor carrier. The following form may be used to comply with this section:

Driver's Certification

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.

If NONE, initial this box:

Date	Offense	Location	Type of motor 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.

I will report any change in the above certification before the end of the business day following the day of any such change.

_____ **X** _____
Date of certification Driver's signature