

# DRIVING EXPERIENCE

CLASS OF EQUIPMENT	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
	FROM	TO	
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

List states operated in for the past five years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

**ACCIDENT RECORD FOR THE PAST THREE YEARS** (attach a separate sheet if more space is needed):

DATES	NATURE OF ACCIDENT (Head on, rear end, etc.)	NUMBER OF FATALITIES	NUMBER OF PEOPLE INJURED

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST THREE YEARS** (other than parking violations):

LOCATION	DATE	CHARGE	PENALTY

**DRIVER'S LICENSE** (list each driver's license held in the past three years):

STATE	DATE	TYPE	EXPIRATION DATE

- A. Are you over 18 years of age:    Yes     No  (for intrastate driving)
- B. Are you over 21 years of age:    Yes     No  (for interstate driving)
- C. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?    Yes     No
- D. Has any license, permit, or privilege ever been suspended or revoked?    Yes     No

If the answer to C or D is "YES," give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_