

ANNUAL REVIEW OF DRIVING RECORD

DRIVER NAME _____

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Part A – CERTIFICATION OF VIOLATIONS

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

ACCIDENT RECORD FOR PAST 12 MONTHS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 12 MONTHS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's license #: _____ State: _____ Exp. Date: _____

Change of Address: If you have moved in the last 12 months, provide your new address here

Drivers Signature _____ Today's Date _____

Part C – CARRIERS ANNUAL REVIEW

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2)

This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public.

Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a CMV pursuant to 391.15., or
- This driver is disqualified to drive a CMV pursuant to company policy

REVIEWED BY: _____(PRINT NAME)

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____