

Driving Record and Criminal Background

What type of license do you hold? _____ License Number _____

State _____ Exp. Date _____ In the last five (5) years have you held any other licenses? _____

Have you ever had your driver's license suspended, cancelled, or denied in any state? Yes No

If yes, for what reason and how long? _____

Have you had any moving violations in the last five (5) years? Yes No

What was the violation(s)? _____

Can you drive a manual transmission? Yes No

Have you ever been convicted of a Drunk Driving? Yes No If yes, when? _____

Have you ever been convicted of a Misdemeanor or Felony? Yes No If yes, please explain in detail the nature of the crime. List all convictions.
