



# MOTOR VEHICLE DRIVER'S CERTIFICATION OF MOVING VIOLATIONS

AGENT NAME	AGENT CODE
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**GENERAL IDENTIFICATION**

→ **PLEASE FILL IN ALL INFORMATION REQUESTED** ←

DRIVER'S NAME		DRIVER'S CODE	
RESIDENCE ADDRESS	CITY	STATE	ZIP
DRIVER'S LICENSE NUMBER	LICENSE STATE	LICENSE CLASS	EXPIRATION DATE
NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP	EMERGENCY PHONE NUMBER - DRIVER PHONE IF DIFFERENT ( AREA )	

The following certificate is to be completed as required under Section 391.27 of the Motor Carrier Safety Regulations and the Original is to be sent to the Safety Department. A copy is to be retained and placed in this Agency's Driver Qualification File.

The driver is to be advised that falsification of this certificate may subject him to prosecution by the Department of Transportation in a Federal Court.

## CERTIFICATE

I certify that the following is a true and complete list of traffic laws and ordinances (other than violations involving only parking) for which I have been convicted or forfeited bond or collateral during the past 12 months, both Commercial and Personal Vehicles, and the Commercial Driver's License I have listed above is the only one I possess in accordance with the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

If no violations are listed below, I certify that I have not been convicted or forfeited bond or collateral for any violation required to be listed.

DATE OF CONVICTION	TYPE OF OFFENSE	CITY, COUNTY, STATE	TYPE OF VEHICLE-COMMERCIAL/PERSONAL

**MAIL TO:**  
**ALLIED VAN LINES, INC.**  
 Safety Administration  
 Post Office Box 988  
 Fort Wayne, IN 46801-0983

Fax: (219) 429-1713



\*01408\*

DRIVER'S SIGNATURE	DATE
X	/ /

(ALLIED USE)

REVIEW OF DRIVING RECORD PERFORMED BY:  
 REVIEWER: \_\_\_\_\_  
 X \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 ACTION BY REVIEWER: \_\_\_\_\_