

Driver Applicant Questionnaire

Name: _____

Address: _____

What states have you held a valid driver's license? _____

1. Do you possess a current vehicle operator's license? _____

Vehicle Operator License Other License (CDL, Chauffeur, etc.)

State: _____

Expiration: _____

License #: _____

Full Name: _____

(as it appears on license)

2. Have you ever held an operator's license under any other name? _____

If so, name(s) and state(s) held? _____

3. Have you ever had an operator's license revoked or suspended? _____

If yes, please explain: _____

4. List all moving violations and all accidents you have had within the last ten years. (If none, please write "NONE". If you need additional space, write on the reverse side of this form).

(1) _____

(2) _____

(3) _____

(4) _____

5. Have you ever received a citation for driving while under the influence of alcohol, drugs, or other controlled substances? _____

If yes, please explain: _____

6. Have you ever been required to attend an alcohol offender's school, traffic offender's school, or other remedial traffic school required by the courts? _____

If yes, please explain: _____

7. Have you ever completed a driver's education course? _____

If yes, when? _____