

MOTOR VEHICLE OPERATIONS STATEMENT – Training Candidate

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INSURANCE COMPANY			POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ()
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			VEHICLE MAKE		YEAR
VEHICLE LICENSE					
INSURANCE COMPANY			POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET		CITY	STATE	ZIP	CONTACT NUMBER ()

6. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

7. Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No

If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

8. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
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Initial this page to indicate that you have provided complete and accurate information: _____

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9. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON:		INSURANCE COMPANY		
DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

Use this space for additional information you would like to include regarding your driving record.

SECTION 3: CERTIFICATION

10. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification from Training.

SIGNATURE IN FULL	DATE
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