

Driving Experience

If no driving experience within the last 3 years-check here

Type of Equipment you have operated (check each appropriate box) Cargo Van
 Straight truck Single-axle day cab Twin-axle day cab OTR tractor
 If applicable, type of trailer: 28' van 48' van 53' van Flatbed Refrigerated
 Did you drive (check each appropriate box) Local Regional Nationwide
 Miles driven annually: _____

Accident History (3 years)

If no accidents within the last 3 years-check here

State	Nature of Accident	Location	Injuries	Fatalities
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	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 last three years (other than parking)

If no traffic convictions and/or forfeitures in the last 3 years-check here

Date	Description of Violations

Driver's License (list each driver's license held in the last three years):

State	License#	Type	Endorsements	Expiration

- Yes No
- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
- B. Has any license, permit or privilege ever been suspended or revoked?
- If the answers to A, or B, 'Yes', give detail _____
- _____