



Driving Record of Applicant

Driver's name: _____

Driving record with sponsoring motor carrier.

1) Date affiliated: _____

2) Number miles driven for your company _____

Driving record with other carriers.

List all other companies driven for: (Use back of form if needed)

Company Dates Miles Driven

Has driver been convicted of a moving violation during the past three years? _____

Driver must have completed **one** of the following qualifications. Please indicate.

Demonstration of leadership in a program. Date: _____

A record of community service. Date: _____

Performance of a meritorious act of selflessness. Description: _____

Please attach additional sheets if necessary

Certification by Company Representative

I hereby certify that the above information is correct to the best of my knowledge and belief and nominate this driver to be given a Master Truck Driver certification.

Signature _____ Title _____

Print Name: _____ Date _____

Address _____

Phone _____