



CARRIER'S ANNUAL REVIEW OF EMPLOYEE'S DRIVING RECORD UNDER ARTICLE 19-A

DRIVER INFORMATION

Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)		
Street Address			City		State	Zip Code
Client/License ID Number (from Driver License)		State	Class of Driver's License	Endorsements	Restrictions	Expiration Date

CARRIER INFORMATION

Carrier/DBA Name		Legal Name (if different)		Federal ID Number	19-A Business ID Number
Street Address			City		State Zip Code

Were you involved in **ANY** motor vehicle accident(s) during the past 12 months? YES NO If YES, complete Accident Information section below:

ACCIDENT INFORMATION (if additional space is needed, use the back of this form)

Date of Accident	Location City, State, Zip Code, County	Briefly describe property damage, type of vehicle involved and approximate dollar value of damage for each vehicle	Number of People Injured	Were there any fatalities? YES or NO

Were you convicted of **ANY** traffic violation(s) (other than parking) or any crime(s) during the past 12 months? YES NO
If YES, complete Record of Convictions section below:

RECORD OF CONVICTIONS (if additional space is needed, use the back of this form)

Date of Violation	Date of Conviction	Of What Charge Were You Convicted?	Type of Motor Vehicle Operated	Court Location City, State, Zip Code, County
			<input type="checkbox"/> CMV <input type="checkbox"/> Non-CMV	
			<input type="checkbox"/> CMV <input type="checkbox"/> Non-CMV	
			<input type="checkbox"/> CMV <input type="checkbox"/> Non-CMV	

DRIVER CERTIFICATION

I certify that the information above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months, and accidents I was involved in during the past 12 months. If no violations or accidents are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months, or have been involved in any accidents during the past 12 months.



_____ (Driver Signature)

_____ (Date)

CARRIER CERTIFICATION

I have compared the information given by the driver with the attached driver's abstract of operating record. I have ensured that all accident and conviction details not appearing on the driver's abstract are listed on this form. **I HAVE ATTACHED THE DRIVER'S ABSTRACT(S), WHICH MUST BE DATED WITHIN 30 DAYS PRIOR TO THE DATE OF THIS INTERVIEW.**

I interviewed this employee and certify that this driver meets the standards for safe driving, has been instructed in, and is in compliance with, the provisions of Article 19-A, and is qualified to drive a bus.

_____ (Print Name of Carrier Representative)

_____ (Title)



_____ (Authorized Signature of Carrier Representative)

_____ (Date of Interview)