

EXPERIENCE AND QUALIFICATION – DRIVER

DRIVER'S LICENSES	STATE	LICENSE #	TYPE (CLD)	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____

B. Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____

IF THE ANSWER TO EITHER A OR B IS YES, PLEASE GIVE DETAILS BELOW.

DRIVING EXPERIENCE (if none, write none)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE (FROM)	DATE (TO)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

RESTRICTIONS: _____

ENDORCESEMENTS: _____

TANK: YES _____ NO _____

HAZARD: YES _____ NO _____