

Aetna Freight Lines
Annual Review of Driving Record

Name _____

Address _____

I certify that the following 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.

DATE OF CONVICTION	OFFENSE
_____	_____
_____	_____
_____	_____

LOCATION	TYPE OF VIOLATION
_____	_____
_____	_____
_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

Date

Driver's Signature

TO BE COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

Meets minimum requirements for safe driving

Does not adequately meet satisfactory safe driving performance

Reviewed by: _____ Signature Date _____

Printed Name: _____ Title _____