

# DAB Incorporated

73779 Road 438, Bertrand, NE 68927  
Phone (308) 472-3314 Fax (308) 472-5211



Date \_\_\_\_\_

## Driving Record

Driver

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Licenses

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience

	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx Number of Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor - Two Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

Accident Record

	Dates	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities	Injuries
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

Convictions

*Traffic Convictions and Forfeitures for the Past Three years (other than parking violations)*

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

Please Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.