DOT PHYSICAL
LONG FORM
AND CARD?
YES NO

ALTON BEAN TRUCKING, INC.
P.O. BOX 10
AMITY, ARKANSAS 71921

CHIPS
REGIONAL
O.T.R.

MUST HAVE COPY OF LICENSE & SOCIAL SECURITY CARD

READ ALL QUESTIONS COMPLETELY

DATE SUBMITTED: _____

DATE CAN BEGIN: _____

FULL NAME: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

SOCIAL SECURITY #	DATE OF BIRTH	AREA CODE & PHONE #
		HOME:
		CELL:

391.21 (b) (3): LIST ALL ADDRESSES YOU HAVE RESIDED AT FOR THE LAST 3 YEARS:

NUMBER AND STREET	CITY	STATE	DATE	
			FROM	TO

391.21 (b) (6): HOW MANY YEARS HAVE YOU DRIVEN A TRACTOR/TRAILER: _____

TYPE OF TRACTOR/TRAILER, MAKE, TRANSMISSION, DATES OPERATED, # MILES DRIVEN:

DATE		MAKE	TYPE		TRANSMIS	# MILES
FROM	TO	KW/PETE/MACK/ETC.	TRC/TRLR	STRAIGHT	10SP 13SP 5SP	APPROX.

391.21 (b) (10): PAST WORK RECORD: (ATTACH SHEET IF MORE SPACE IS NEEDED) LIST ALL JOBS HELD IN THE PAST 10 YEARS. IF UNEMPLOYED AT ANY TIME DURING THE PAST 3 YEARS, STATE "UNEMPLOYED" UNDER NAME OF FIRM AND FILL IN THE REST OF THE LINE. IF SELF-EMPLOYED DURING THE PAST 10 YEARS INDICATE "SELF-EMPLOYED" UNDER "NAME OF FIRM" AND ALSO INDICATE AN INDIVIDUAL WE MAY CONTACT TO VERIFY SELF-EMPLOYMENT.

NAME OF FIRM	CITY & STATE	PHONE #	JOB DESCRIPT	DATE STARTED	DATE ENDED	WHY EMPLOYMENT WAS TERMINATED

WERE ANY OF THE ABOVE JOBS DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY D.O.T. REGULATED MODE SUBJECT TO ALCOHOL & CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR part 40? YES NO - IF YES, WHICH ONES?

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS WHILE EMPLOYED BY ANY OF THE ABOVE PREVIOUS EMPLOYERS? YES NO - IF YES, WHICH ONES?

HAVE YOU TESTED POSITIVE, OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TES ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR BUT DID NOT OBTAIN, SAFETY-SENSITIV TRANSPORTATION WORK COVERED BY D.O.T. AGENCY DRUG AND ALCOHOL TESTING RULES DURING TH PAST TWO YEARS? YES or NO (CIRCLE ONE)

ALTON BEAN TRUCKING, INC.

P.O. BOX 10 - AMITY, AR. 71921
PHONE: 870-342-9551 * FAX: 870-342-9459

VERIFICATION RELEASE

CONFIDENTIAL

I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility, or any institution, whose name I have given as a reference, or by whom I have been previously employed, to furnish Alton Bean Trucking, Inc. any information they may have concerning my character, habits, ability, financial responsibility, job performance, reasons for leaving employment, and all information concerning my employment or training to give such information to other companies and carriers requesting such information. Furthermore, there may be entities Alton Bean Trucking, Inc. does business with that may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the Customer, permission to be on the Customer's premises and to handle its products and other security concerns of the Customer. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish Alton Bean Trucking, Inc. information concerning Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

Under the authority granted me by 49 CFR Parts 40 and 382, I hereby authorize and require my previous and/or current employers by whom I was employed or to whom I applied for employment in the three year period preceding the date of this application to release the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test for any refusals by me to take a drug or alcohol test to the Safety Director or Driver Safety Personnel, assigned to process my application at Alton Bean Trucking, Inc. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.04 or greater, or refused to take any drug or alcohol test, I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment (if required by SAP). I authorize this release by whatever means is most expediant and agree to hold harmless any past employer or any person or company I applied with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

Applicant Rights (pursuant to 49 CFR Part 391.23(i) effective October 29, 2004). I understand that I have the right to review information provided by my previous employers, to have errors corrected by the previous employers and re-sent to Alton Bean Trucking, Inc. once corrected, and to have a rebuttal statement attached to any alleged erroneous information should my previous employer and I not agree on the accuracy of the information. I further understand that the information provided by me will be used in making employment determinations and that my previous employers will be contacted for the purpose of investigating my safety performance history information as required by paragraphs (d) and (e) of 49 CFR Part 391.23. Requests to review previous employer information must be in writing.

NAME (PRINTED) _____ SOCIAL SECURITY NUMBER _____

SIGNATURE _____ DATE _____

RECRUITER: _____

PLEASE RETURN FAX ASAP to 870-342-9459

CONFIDENTIAL

REVISED JUNE 2007

ALTON BEAN TRUCKING, INC.

P.O. BOX 10
AMITY, ARKANSAS 71921

SHORTAGES:

WHEN YOU ARE LOADING MAKE SURE THE LOAD IS COUNTED AND THE COUNT IS CORRECT WITH THE BILL OF LADING. IF THE DOCK HAND SEALS THE LOAD, MAKE SURE HE/SHE WRITES THE SEAL NUMBER ON THE BILLS. IF HE/SHE DOES NOT SEAL THE LOAD THEN YOU WILL NEED TO SEAL IT AND WRITE THE SEAL NUMBER ON THE BILLS.

WHEN YOU START TO UNLOAD MAKE SURE THE DOCK HAND BREAKS THE SEAL AND HAVE HIM/HER WRITE ON THE BILLS SEAL INTACT. IF HE/SHE ASKS YOU TO BREAK THE SEAL, MAKE SURE HE/SHE WATCHES YOU AND HAVE HIM/HER SIGN THE BILLS SEAL INTACT.

IF YOU DO NOT DO THIS AND THE LOAD HAS SHORTAGES, YOU ARE RESPONSIBLE FOR THE SHORTAGES.

_____
DRIVER'S SIGNATURE

_____
DATE

DRUG & ALCOHOL STATEMENT:

I CERTIFY THAT I:

☐ NEVER TESTED POSITIVE IN A DRUG OR ALCOHOL TEST.

☐ HAVE TESTED POSITIVE IN A DRUG OR ALCOHOL TEST.

DATE OF POSITIVE TEST:_____

LOCATION OF POSITIVE TEST:_____

NAME & ADDRESS OF COMPANY PERFORMING TEST:

_____

_____
PROSPECTIVE EMPLOYEE NAME

_____
SOCIAL SECURITY NUMBER

_____
PROSPECTIVE EMPLOYEE SIGNATURE

_____
DATE

_____
COMPANY WITNESS

DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

Print Name	Social Security No.
Applicant's Signature	Date

ALTON BEAN TRUCKING, INC.
APPLICANT DRUG TEST RELEASE

TO: ALTON BEAN TRUCKING, INC.

FROM: _____
APPLICANT

A. I voluntarily consent to submit to urine tests if requested by you in conformance with Department of Transportation (DOT) regulations (49 C.F.R. Parts 391 and 40). I understand that such testing will be conducted under the direction of the medical facility chosen by you. I further understand that you will use such samples for the purpose of conducting drug use tests to determine if I have engaged in the use of controlled substances as defined in DOT regulations (49 C.F.R. Parts 391 and 40).

I give my permission for you, your Medical Review Officer or your designated agent to release to DAC Services, 4110 S. 100th E. Avenue, Suite 200, Tulsa, Oklahoma 74146, (918) 664-9991, the information obtained from such tests or the fact that I refused to take such test. I hereby authorize you, your Medical Review Officer or DAC Services to release and disclose this information to any future employer, company or agent thereof, PROVIDED that I give that employer, company or agent my express written permission.

B. I hereby give my voluntary consent for DAC Services, any previous employer, or Medical Review Officer or any of their respective agents and employees to release and disclose the following information concerning any of my past controlled substance tests. I also authorize you to obtain the following information from past controlled substance tests:

1) The types of controlled substance testing for which I submitted a urine specimen.
2) The date of such collection.
3) The location of such collection.
4) The identity of person or entity:
   (i) Performing the collection.
   (ii) Analyzing the specimens, and
   (iii) Serving as the Medical Review Officer.
5) Whether the test finding was "positive" or "negative" and, if "positive", the controlled substances identified in any positive test.

I hereby knowingly and voluntarily release all persons and entities from any and all claims or liabilities for releasing information described in this form to those identified in the preceding paragraphs.

I certify that I have read, understand and agree to all of the provisions of this form.

_____	_____
Applicant Signature	Company Witness
_____	Alton Bean Trucking, Inc.
Applicant Name (Printed)	Company Name
_____	_____
Date	Date
_____	_____
Social Security Number	DAC Customer Number

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

, (Print Name) _____ _____
FIRST, M.I., LAST — SOCIAL SECURITY NUMBER

ere'' authorize that:
Employer: _____

ddress: _____ Telephone: _____

ity, State, Zip: _____ Fax No.: _____

nay release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled ubstances Testing records to:

'rospective Employer: ALTON BEAN TRUCKING, INC.
ttention: CYNTHIA BEAN — Telephone: 870-342-9551
ddress: P.O. Box 10 — Fax No.: 870-342-9459
ity, State, Zip: AMITY, ARKANSAS 71921

_____ _____
APPLICANT SIGNATURE — DATE

his is in compliance with 382.405(f)(h) Motor Carrier Safety Regulations:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted nly as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding a driver's records as directed by he specific written consent of the driver authorizing release of the information to an dentified person. Release of such information by the person receiving the information s permitted only in accordance with the terms of the employee's specific written onsent as outlined in 40.32(b) of this title.

382.413 Inquiries for alcohol and controlled substances information from previous mployers.

Employers shall request alcohol and controlled substances information from revious employers in accordance with the requirements of 40.25 of this title.

40.25(a)(b)(c)(d)(e)(f)(g)(h):

(a) As an employer, you must, after obtaining an employees written consent, equest the information about the employee listed in paragraph (b) of this section. If he employee refuses to provide this written consent, you must not permit the mployee to perform safety-sensitive functions.

(ust request the information listed in this paragraph (b) from DOT-regulated who have employed the employee during any period during the last two ears before the date of the employee's application or transfer:

(1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
(2) Verified positive drug tests;
(3) Refusals to be tested (including verified adulterated or substituted drug test esults);

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions, unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

f driver was not subject to Part 382 testing requirements while employed by this employer, please check here ☐, sign below, and eturn.

Under Part 382 testing requirements: Has this person:

	YES	NO
1. Ever tested positive for a controlled substance in the last (3) years?	☐	☐
2. Ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last (3) years?	☐	☐
3. Ever refused a required test for drugs or alcohol in the last (3) years?	☐	☐
4. Ever violated other D.O.T. drug or alcohol regulations?	☐	☐
5. Ever violated D.O.T. drug and alcohol regulations with previous employers to your knowledge?	☐	☐

** Please include information received from other previous employers.

f YES to any of the above questions, please give the Substance Abuse Professional's name, address and phone number for further eference.

lame: _____

ddress: _____ Telephone: _____

ity, State, Zip: _____ Fax No.: _____

ection 2 Completed by: (Signature) _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

his form was: (check one) ☐ Faxed to previous employer ☐ Mailed Date: _____

'' mplete below when information is obtained:

(on received from: _____

ecorded by: _____ Method: ☐ Fax ☐ Mail ☐ Phone

ate: _____ ☐ Personal Interview

PREVIOUS EMPLOYER - COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with _____ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

_____
Signature

_____
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

LAST UPDATED 10/29/2012

ALTON BEAN TRUCKING, INC.
ANNUAL REVIEW

DRIVER'S NAME:_____

I. DRIVER CERTIFICATION OF VIOLATIONS:

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 MOTOR VEHICLE OPERATED

IF NO VIOLATIONS 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.

_____ DATE OF CERTIFICATION

_____ DRIVER'S SIGNATURE

ALTON BEAN TRUCKING, INC.
P.O. BOX 10
AMITY, AR. 71921

_____ REVIEWED BY: SIGNATURE

_____ TITLE

II. REVIEW & EVALUATION OF DRIVER'S RECORD:

IN ACCORDANCE WITH SECTION 391.25, MOTOR CARRIER SAFETY REGULATIONS, ALL INFORMATION PERTINENT TO THE ABOVE DRIVER'S SAFETY OF OPERATIONS, INCLUDING THE LIST OF VIOLATIONS FURNISHED BY HIM IN ACCORDANCE WITH SECTION 391.27, HAS BEEN REVIEWED FOR THE PAST 12 MONTHS.

ACTION TAKEN:_____

_____

_____ DATE REVIEWED

_____ DATE OF MVR

_____ REVIEWED BY: SIGNATURE

_____ TITLE

ALTON BEAN TRUCKING, INC.

P.O. BOX 10
AMITY, ARKANSAS 71921

CONTROLLED SUBSTANCE TESTING:

FOLLOWING THE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION - FEDERAL HIGHWAY AND ADMINISTRATION, 49 CFR 391 AND 394 CONTROLLED SUBSTANCES TESTING.

EFFECTIVE NOVEMBER 14, 1991, CURRENT DRIVERS AND NEW EMPLOYEES WILL BE REQUIRED TO SUBMIT TO DRUG AND ALCOHOL SCREENING TESTS IN CASES OF REASONABLE CAUSE, OF RANDOM SCREENING, AND IN THE COURSE OF ANY ACCIDENT INVESTIGATION.

ANY CURRENT DRIVER WHO REFUSES TO SUBMIT TO AN ILLICIT DRUG AND ALCOHOL SCREENING TEST WILL BE TERMINATED.

ANY DRIVER THAT ALTERS, ADULTERATES OR SUBSTITUTES TEST SAMPLES WILL BE TERMINATED AND NOT ELIGIBLE FOR REHIRE.

DRIVERS INVOLVED IN D.O.T. REPORTABLE ACCIDENTS WILL MAKE THEMSELVES AVAILABLE AS SOON AS POSSIBLE, FOR POST-ACCIDENT DRUG SCREENING. THIS SHOULD BE WITHIN THIRTY-TWO (32) HOURS OF ACCIDENT OCCURRENCE.

DRUG POLICY ACKNOWLEDGMENT:

I CERTIFY THAT I HAVE READ, UNDERSTAND AND RECEIVED A COPY OF THE POLICY ON SUBSTANCE ABUSE. BY ACCEPTING EMPLOYMENT, I CONSENT TO SUBMIT TO DRUG SCREENING AND AGREE TO COMPLY WITH ALL OF THE REQUIREMENTS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS AND ANY OTHER FEDERAL, STATE, AND LOCAL LAWS OR RULES.

I UNDERSTAND THAT FAILURE TO HONOR THE TERMS OF THIS CERTIFICATE IS GROUNDS FOR TERMINATION OF MY EMPLOYMENT OR MY APPLICATION FOR EMPLOYMENT.

_____
EMPLOYEE NAME (PRINT)

_____
EMPLOYEE SIGNATURE

_____
DATE

DRIVER'S LICENSE:

EFFECTIVE JULY 01, 1987, IF YOU DRIVE A
THAT:

A. WEIGHS 26,001 POUNDS OR MORE
B. CARRIES 15 OR MORE PASSENGERS
C. TRANSPORTS HAZARDOUS MATERIA

YOU MAY HAVE ONLY ONE DRIVER'S LICENSE
BY THE STATE WHERE YOU LIVE. ACCORDING
NEW FEDERAL LAW, IF YOU HAVE MORE TH
LICENSE, IT IS ILLEGAL AND YOU MAY BE FINE
$2500.00.

EXCEPT FOR THE LICENSES ISSUED BY THE
WHERE YOU LIVE, IF YOU HAVE NOT, YOU S
IMMEDIATELY RETURN ANY OTHER LICENSE
HOLD TO THE STATE THAT ISSUED THEM.
DESTROYING A LICENSE OR SIMPLY WAITING
TO EXPIRE WON'T HELP. THE STATE'S RECORD
SHOW THAT YOU STILL HAVE AN ACTIVE LICENS

TO RETURN A LICENSE, THE LICENSE SHOULD BE
TO THE MOTOR VEHICLE OFFICE OF THE STATE
ISSUED THEM. FOR YOUR RECORDS, YOU MAY
TO RETURN YOUR LICENSE BY CERTIFIED M

GARY B
PRESIDE

BY MY SIGNATURE, I ACKNOWLEDGE THA
UNDERSTAND THIS NEW FEDERAL LAW AND TH
HAVE ONLY LICENSES ISSUED BY THE STATE WHE
LIVE.

_____
DRIVER'S SIGNATURE

_____
DRIVER'S ADDRESS

_____
DRIVER'S LICENSE NO. - STATE - EXPIRATI

_____
DATE