University of Delaware

Driver License Audit and Certification

Date of Audit and Certification:    March ___,  20___ September ___,  20___

Driver License Audit:

Name of Driver:  

Driver’s License Number:  

Issuing State:  

License Expiration Date:  

License Classification:  

Driver Certification:

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.

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>Offense</th>
<th>Location</th>
<th>Type of Motor Vehicle Operated</th>
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Driver’s Initials
I, ______________________________ (print name) hereby certify that the above is a true and accurate list of all traffic violations for which I have been convicted or pled guilty to during the past twelve months. I further certify that I have not been convicted or pled guilty to a Driving Under the Influence (DUI), Driving While Intoxicated (DWI) or an offence of similar magnitude during the past 5 years.

_____________________________ Date

Driver’s Signature

Audit conducted by:

_____________________________ ________________________________
Print Name Signature Date

Audit and Certification Frequency: March and September
Record Retention: Department 3 years then discard