

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.

	Date of Conviction	Offense	Location	Type of Motor Vehicle Operated
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

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.

Driver's Signature

Date

Audit conducted by:

Print Name

Signature

Date

Audit and Certification Frequency: March and September

Record Retention: Department 3 years then discard