

DRIVING HISTORY

1. Are you a licensed Florida automobile operator? Yes No
 License # _____ Date of Expiration: _____
 Restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state?
 Yes No If yes, provide state(s), name used and approximate dates license(s)
 was/were held:

3. Have you ever been refused a driver's license in any state? Yes No
 4. Has your license ever been suspended in any state? Yes No
 5. Do you have outstanding or pending traffic citations at this time? Yes No
 6. Do you have any parking tickets which you have failed to pay? Yes No

CITATION HISTORY

List **all traffic offenses you have ever received** whether adjudication was withheld or not:

<u>Date</u>	<u>Location</u>	<u>Violation</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT HISTORY

List **all accidents** in which you have been involved:

<u>Date</u>	<u>Location</u>	<u>Injury/Death</u>	<u>At Fault</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____