

10 YEAR HISTORY RECORD CHECK

Complete this form if you are applying for or renewing a commercial driver license and you have been issued a driver license in the same or different name to operate any type of motor vehicle in another state or other jurisdiction during the previous ten years.

A. PLEASE PROVIDE THE FOLLOWING: (Name as shown on the Commercial Driver License Application DL 44C or Renewal Application)

CA DRIVER LICENSE NUMBER	NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))
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B. OTHER STATE/JURISDICTION DRIVER LICENSE INFORMATION For each license issued, complete all sections (even if same.)

1. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
2. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
3. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
4. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
5. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
6. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
7. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
8. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
9. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
10. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
11. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
12. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
13. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
14. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
15. STATE/COUNTRY OF ISSUANCE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)
NAME (FIRST, MIDDLE, LAST, SUFFIX (JR., SR., III))			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female

C. ACKNOWLEDGEMENT AND CERTIFICATION STATEMENT

I the undersigned, understand that if it is determined that the information provided has been falsified, the State may suspend, cancel, revoke my commercial driver license, or pending application, or disqualify me from operating a commercial motor vehicle for a period of at least 60 consecutive days. **I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

SIGNATURE X	DATE
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