

DECLARATION OF TRAFFIC OFFENSES

(To be completed yearly)

Driver's name :			License :	
Please print				
I CERTIFY THAT THE FOLLOWING LIST OF TRAFFIC OFFENSES (OTHER THAN FOR PARKING) FOR WHICH I WAS FINED OR HAD MY LICENSE SUSPENDED WITHIN THE LAST TWELVE (12) MONTHS IN CANADA AND/OR THE UNITED STATES IS ACCURATE AND COMPLETE.				
DATE	OFFENCE	LOCATION	TYPE OF VEHICLE USED	
(Attach additional page(s) if more space is needed) IF NO OFFENSE IS STATED IN THE ABOVE TABLE, I CERTIFY THAT I WAS NOT FINED AND				
THAT MY LICENSE WAS NOT SUSPENDED WITHIN THE LAST TWELVE (12) MONTHS.				
(Date)		(Driver's signature)		
(Name of the operator)		(Address of the operator)		
Signature of the represe	entative of the operator		Title	
Quebec Trucking Association				