

DWI INFORMATION

What date did you receive the citation for DWI? _____

NAME : _____

ADDRESS: _____

CITY : _____ STATE: _____ ZIP: _____

RACE : _____ SEX : _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYES: _____

DATE OF BIRTH : _____

DRIVERS LICENSE # _____ STATE : _____

SOCIAL SECURITY # _____

RESTRICTIONS ON LICENSE

(EXAMPLE : Glasses, Corrective Lenses, 45 MPH only, Daylight only

NAME OF EMPLOYER : _____

ADDRESS OF EMPLOYER: _____

CITY _____ STATE _____ ZIP _____

DO YOU ATTEND WORK RELATED
OR EDUCATIONAL TRAINING? _____

IF SO, WHERE _____

CITY _____ STATE _____ ZIP _____

WHEN DO YOU ATTEND (Days and times)

DO YOU DRIVE A COMMERCIAL VEHICLE ? _____

WHAT HOURS AND DAYS DO YOU WORK ?

