

ATTACHMENT "R"

DRIVER HISTORY FORM
INSTRUCTOR/CONTRACTOR DRIVER HISTORY FORM

DRIVER'S NAME: _____

HOME ADDRESS: _____

1. Do you have a valid driver's license? Yes _____ No _____
2. In what state are you a licensed driver? _____
3. If you have held a license in any other state during the past thirty six (36) months, please provide the following information:
 Dates: From _____ to _____ State: _____
 From _____ to _____ State: _____
4. Have you been convicted of driving while impaired or under the influence of alcohol and/or drugs within the past three (3) years? Yes _____ No _____
 If yes, please provide explanation and dates: _____
5. Have you refused to submit to a Blood Alcohol Content ("BAC") Test within the past three (3) years? Yes _____ No _____
 If yes, please provide explanation and dates: _____
6. Have you been convicted of reckless driving or leaving the scene of an accident or committing a felony involving a vehicle within the past three (3) years? Yes _____ No _____
 If yes, please provide explanation and dates: _____
7. Have you had your operator's license suspended, revoked or administrative restricted within the past three (3) years? Yes _____ No _____
 If yes, please provide explanation and dates: _____
8. Have you been convicted or found at fault for any non-fatal accident involving a motor vehicle during the past three (3) years? Yes _____ No _____
 If yes, please provide explanation and dates: _____
9. Have you been convicted or found at fault for any fatal accidents involving a motor vehicle during the past three (3) years? Yes _____ No _____
 If yes, please provide explanation and dates: _____
10. Have you been convicted of any other moving vehicle violations during the past three (3) years? Yes _____ No _____
 If yes, please provide explanation and dates: _____

I certify that the answers to the questions on this form are true to the best of my knowledge.

I authorize NIPSTA or their designated representative(s) to obtain information regarding my driving record, including present and prior employers, and for verification that I have not failed or refused any Department of Transportation ("DOT") mandated drug and/or alcohol test(s), in any state at any time while I am under contract as an independent contractor or seeking a contractual agreement as an independent contractor of NIPSTA.

I understand that any misstatement of the facts on this form may be grounds for termination of employment or driving privileges.

Driver's Name (print): _____
Driver's Signature: _____
Date of Birth: _____
Driver's License #: _____
Expiration Date: _____
State: _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF DRIVER'S LICENSE.