

To be used with Question 36
FORM 36 / RECORD OF TRAFFIC VIOLATIONS

Name _____
First Middle Last Suffix

Currently licensed in _____ Driver's license number _____
State

Traffic violations involving alcohol or drugs should be reported in response to Question 35 and on FORM 35.

Please complete the following information for each incident:

▪ *Name of law enforcement agency* _____
Incident location (city, county, state) _____
Country _____ *Province* _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Description of incident _____

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Incident location (city, county, state) _____
Country _____ *Province* _____
Date of incident (Mo/Yr) _____
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Incident location (city, county, state) _____
Country _____ *Province* _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Description of incident _____

Duplicate this form as needed.