

SUPPLEMENTAL INFORMATION REQUEST
COMMERCIAL DRIVER LICENSE

CITY OF GRAND HAVEN
519 WASHINGTON STREET
GRAND HAVEN, MICHIGAN 49417

PERSONAL
DATA

NAME (LAST, FIRST MIDDLE)

Required under
R16207 application
for employment
Motor Carrier
Safety Act

STREET ADDRESS

City

State

Zip

Address(s) at
which applicant
has resided during
the three years
preceding the
date on which
the application
is submitted

STREET ADDRESS

City

State

Zip

STREET ADDRESS

City

State

Zip

DATE OF BIRTH (MONTH, DAY, YEAR)

SOCIAL SECURITY NUMBER

LICENSE
AND
PERMITS

ISSUING STATE

NUMBER

EXPIRATION DATE (MO, DAY, YR)

ISSUING STATE

NUMBER

EXPIRATION DATE (MO, DAY, YR)

EXPERIENCE

List your experience in
the operation of vehicles
including type of equipment
i.e. bus, truck, semitrailers

**Motor Vehicle
Accidents**

List all motor vehicle accidents which you were involved during three years immediately preceding application date, nature of accident and any fatalities or personal injuries

Violations

List all violations of motor vehicle laws or ordinances other than violations involving parking only for which you were convicted or forfeited bond or collateral during the three years immediately preceding the date of this application

License

Outline in detail the facts and circumstances of any denial, revocation or suspension of a license permit or privilege to operate a motor vehicle. If none, give a statement that no such denial, revocation or suspension has occurred.

I hereby certify that this supplemental application is complete, and all information provided by me is true and complete to the best of my knowledge.

Signature of Applicant

Date Signed