

## FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

Name \_\_\_\_\_  
*First Middle Last Suffix Social Security Number*

Currently licensed in \_\_\_\_\_ Driver's license number \_\_\_\_\_  
*State*

Previously licensed in: State \_\_\_\_\_ Previous driver's license number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Traffic violations involving alcohol or drugs should be reported in response to Question 21A and on FORM 5.

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 \_\_\_\_\_

■ 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 \_\_\_\_\_