Employer Notification of Traffic Citation/Conviction Form

Name	Bus Number
CDL Number	CDL Class
Type of Notification Please check one:	
Received Traffic Citation Date of Citation Describe violation cited for	
□ Convicted of violating a state of local law relating to motor vehicle traffic control Date of Conviction Describe violation convicted of, date of violation, date of citation, and penalties imposed	
☐ Suspension/Revocation/Disqualification Effective Date Describe violation convicted of, date of violation, date of citation	on, and penalties imposed
Signature	Date
The Commercial Motor Vehicle Safety Act of 1986 requires drivers of one driver's license and to be disqualified when operating a commercial way of the commercial forms of the	
Subpart C – Notification Requirements An employee convicted of violating a state or local law relating to mot violations) in ANY type of motor vehicle, must notify their employer with when an employee receives notice of suspension, revocation, cancelly right to operate a commercial motor vehicle by any state or jurisdiction before the end of the business day following the day the employee receives	within 30 DAYS OF CONVICTION. Ilation, loss of privilege disqualification, and/or on, the employee must notify their employer
Grant Parish School Board Requirements: Employees must notify the traffic citation, a conviction for a traffic citation and suspension, revoc the right to operate a commercial motor vehicle. This includes any tradriving a private/personal vehicle. Notification must be given prior to	ocation, cancellation, disqualification and/or raffic citation or conviction received while
For Office Use Only: Date Received Received by	
Final Result/Comments	