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| **Notification to Employer****Of****Moving Violation**Commercial Drivers License49 CFR 383.31Minnesota Statute 171.168 |
| Upon conviction of any moving violation by any state or local jurisdiction the holder of a Minnesota Commercial Driver License must notify their employer(s) in writing within 30 days of such conviction. |
| DRIVER NAME (First Name, MI, Last Name) | STATE |
| COMMERCIAL DRIVER’S LICENSE NUMBER | DID THE VIOLATION HAPPEN IN A CMV?  **YES**  **NO** |
| DATE OF CONVICTION |
| LOCATION OF OFFENSE CITY STATE |
| DETAILS ABOUT THE OFFENSE, INCLUDING ANY RESULTING SUSPENSION, REVOCATION, OR CANCELLATION OF DRIVING PRIVILEGES: | DATE |
| SIGNATURE OF DRIVER |  |

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| **Notification to Employer****Of****Suspension, Revocation, Cancellation or Disqualification**Commercial Drivers License49 CFR 383.33Minnesota Statute 171.169 |
| The holder of a Minnesota Commercial Driver License shall notify their employer(s) in writing of any suspension, revocation, cancellation, loss of privilege or disqualification, before the end of the business day following the day the driver (employee) received notice of the suspension, revocation, cancellation, loss of privilege or disqualification. |
| DRIVER NAME (First Name, MI, Last Name) | STATE |
| COMMERCIAL DRIVER’S LICENSE NUMBER | DID THE VIOLATION HAPPEN IN A CMV? **YES**  **NO** |
| DATE OF CONVICTION |
| LOCATION OF OFFENSE CITY STATE |
| DETAILS ABOUT THE OFFENSE, INCLUDING ANY RESULTING SUSPENSION, REVOCATION, OR CANCELLATION OF DRIVING PRIVILEGES: | DATE |
| SIGNATURE OF DRIVER |  |

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| **Type III School Bus Driver****Notification to Employer****Of****Violation**Alcohol Related Offense (Minnesota Statute 169A)Disqualifying Offense (Minnesota Statute 171.3215 sub 1)Moving Violation (Minnesota Statute 169)Minnesota Statute 171.02 sub 2b |
| An operator who sustains a conviction as described in 171.02 sub 2b paragraph (h), (i) or (j) while employed by the entity that owns, leases, or contracts for the school bus shall report the conviction to the employer(s) in writing within 10 days of such conviction. |
| DRIVER NAME (First Name, MI, Last Name) | STATE |
| DRIVER’S LICENSE NUMBER | DID THE VIOLATION HAPPEN IN A CMV? **YES**  **NO** |
| DATE OF CONVICTION |
| LOCATION OF OFFENSE CITY STATE |
| DETAILS ABOUT THE OFFENSE, INCLUDING ANY RESULTING SUSPENSION, REVOCATION, OR CANCELLATION OF DRIVING PRIVILEGES: | DATE |
| SIGNATURE OF DRIVER |  |