

## Personal Driving Record

Driving privileges will not be determined until this form is completed and submitted to your mission president, who will determine and enter the driving classification at right.

Last name

First name

Middle initial

Driving classification

Age

Date of arrival at missionary training center

Full name of assigned mission

Driving experience  
(years)

Approximate number of miles per year of previous  
driving experience

Types of vehicles you have driven

### Driver's License Identification

Type (check one)

☐ Commercial ☐ Operator

Number

State or province

Country

Expiration date

### Loss of Driver's License

Check here if your driver's license has ever been

☐ Suspended ☐ Revoked

If so, explain where, when, and why

**Accidents** List here if you were responsible for a traffic accident as a *driver* within the past three years or were found to be at fault in a court of law.

Date	Description of accident (for example: intersection collision, one-car rollover, rear-end collision, struck pedestrian)

**Other Violations** List here if you were cited for moving violations and forfeited bail, pleaded guilty, or were found guilty within the past three years.

Date	Description of violation (for example: speeding, right of way, signal)	City	State or province

**Physical Disability** Describe any physical condition you have that may impair your driving ability (such as epilepsy or deafness).

Other remarks or explanations

To the best of my knowledge, the above information is accurate and complete.

Signature

Date