

<input style="width: 95%; height: 20px;" type="text"/> Last name	<input style="width: 95%; height: 20px;" type="text"/> First name
Date of birth: <input style="width: 150px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div>	<input style="width: 95%; height: 20px;" type="text"/> Application or Contract No.

1 Have you ever been charged with or found guilty of impaired driving? Yes No

If so, indicate details below.

Types of offences	Date	Sentence
	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	
	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	
	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	

2 Has your driver's licence been suspended or revoked? Yes No **If so**, specify.

Reasons for suspension or revocation	Date of violation 1	Duration of suspension or revocation	Date of violation 2	Duration of suspension or revocation
<input type="checkbox"/> Driving while impaired	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	<input style="width: 95%; height: 20px;" type="text"/>
<input type="checkbox"/> Unpaid fines	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	<input style="width: 95%; height: 20px;" type="text"/>
<input type="checkbox"/> Accumulation of demerit points	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	<input style="width: 95%; height: 20px;" type="text"/>
<input type="checkbox"/> Other criminal driving offence	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	<input style="width: 95%; height: 20px;" type="text"/>
<input type="checkbox"/> Other, specify: _____	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> Year Month	<input style="width: 95%; height: 20px;" type="text"/>

b) When will you recover your licence or when do you expect to recover it?

Year
Month

c) Have you driven while under suspension? Yes No

