

<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;"> <span>Year</span> <span>Month</span> <span>Day</span> </div>	<input style="width: 95%; height: 20px;" type="text"/> Application or Contract No.

**1** a) 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: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____
_____	<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____
_____	<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____

b) Has your driver's licence been suspended or revoked for **impaired driving**?  Yes  No  
**If so**, indicate details below.

Date of violation 1	Duration of suspension or revocation	Date of violation 2	Duration of suspension or revocation
<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____	<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____

**2** In the last 5 years, 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"/> Unpaid fines	<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____	<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____
<input type="checkbox"/> Accumulation of demerit points	<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____	<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____
<input type="checkbox"/> Other criminal driving offence	<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____	<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____
<input type="checkbox"/> Other, specify: _____	<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____	<input style="width: 100%; height: 20px;" type="text"/> <small>Year      Month</small>	_____

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

