

Washington County
School District
Transportation
Department

Driver's Annual Certification of Violations

Name _____

Date _____

During the past twelve months I have received the following citations for a moving violation: (If there were none to report, write "None").

During the past twelve months I have received the following citations for involvement in a traffic collision: (If there were none to report, write "None").

I certify that the above information is true and correct.

Driver's Signature

Date