

Code No. 403.7E4

CERTIFICATION OF PREVIOUS EMPLOYERS REQUIRING  
A COMMERCIAL DRIVER'S LICENSE

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

I certify that I have been employed by the following employers during the two years prior to the date stated below and that I was required to possess a commercial driver's license (CDL) during the term of my employment.

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City /State/Zip \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City /State/Zip \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City /State/Zip \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City /State/Zip \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City /State/Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_