

## DRIVING



CLIENT NAME: \_\_\_\_\_

Submit the Client Information Questionnaire with this form

1. In the past 5 years, has client's drivers license been suspended or revoked?  
\_\_\_no  
\_\_\_yes; give details: \_\_\_\_\_
  
2. In the past 5 years, has client been convicted of, or pled guilty or no contest to, reckless driving or driving under the influence of alcohol or drugs?  
\_\_\_no  
\_\_\_yes, give details: \_\_\_\_\_
  
3. What is applicant's occupation?
  
  
  
  
  
  
  
  
  
  
4. Is applicant married?