



**DO NOT Attach COPIES of the  
Police Reports and Court Records  
for Traffic Violations.**

**SUPPLEMENTAL FORM 2  
RECORD OF TRAFFIC VIOLATIONS**  
*Excluding Moving Violations Involving Alcohol or Drugs*

**For Use with Question 4.02**  
Use additional copies as necessary.

Applicant Name:     
*First Middle Last*

Date Form Completed:  mm/dd/yyyy

**Complete the following information for EACH incident in REVERSE CHRONOLOGICAL order:**

**Incident:**

Name of Law Enforcement Agency:	<input type="text"/>		
Incident Location:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>City</i>	<i>County</i>	<i>State</i>
Date of Incident:	<input type="text"/> mm/dd/yy		
Charge(s) on Date of Incident:	<input type="text"/>		
Date of Final Disposition:	<input type="text"/> mm/dd/yy		
Charge(s) at Time of Final Disposition:	<input type="text"/>		
Final Disposition:	<input type="text"/>		
Description of Incident:	<input type="text"/>		

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Incident Location:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>City</i>	<i>County</i>	<i>State</i>
Date of Incident:	<input type="text"/> mm/dd/yy		
Charge(s) on Date of Incident:	<input type="text"/>		
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Charge(s) at Time of Final Disposition:	<input type="text"/>		
Final Disposition:	<input type="text"/>		
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