



DO NOT Attach Records for These 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:	_____		
Incident Location:	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i>
Date of Incident:	_____ mm/dd/yy		
Charge(s) on Date of Incident:	_____		
Date of Final Disposition:	_____ mm/dd/yy		
Charge(s) at Time of Final Disposition:	_____		
Final Disposition:	_____		

Description of Incident:

Incident:

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

Description of Incident:



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Incident Location:			
	<i>City</i>	<i>County</i>	<i>State</i>
Date of Incident:	mm/dd/yy		
Charge(s) on Date of Incident:			
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Final Disposition:			

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Incident Location:			
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