



SUPPLEMENTAL FORMS | FORM 2 – TRAFFIC VIOLATION

Supporting documentation is not required for non-criminal traffic violations.

This FORM 2 supplements Question 4.02B.

Complete the following information for EACH incident that is responsive to this question. Use additional copies as necessary.

Date Form Completed: mm/dd/yyyy

Applicant Name:

First Middle Last

Incident

Date of Incident: mm/dd/yyyy

If the exact date is not known, use the most accurate date possible.

Location:

City State/Country/Region

Charge(s) on Date of Incident:

Date of Final Disposition: mm/dd/yyyy

If the exact date is not known, use the most accurate date possible.

Charge(s) at Time of Final Disposition (if different)

Final Disposition

Full Description of Incident:

Incident

Date of Incident: mm/dd/yyyy

If the exact date is not known, use the most accurate date possible.

Location:

City State/Country/Region

Charge(s) on Date of Incident:

Date of Final Disposition: mm/dd/yyyy

If the exact date is not known, use the most accurate date possible.

Charge(s) at Time of Final Disposition (if different)

Final Disposition

Full Description of Incident: