



## Traffic Conviction Notification Form

Employee: Complete, sign, date, and provide to the Miller Pipeline Corporate Compliance Department within 30 days of conviction (payment of citation, or guilty verdict from adjudication).

Driver's Full Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Of Issue: \_\_\_\_\_

Date Of Conviction: \_\_\_\_\_

State the specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law, relating to motor vehicle traffic control, for which you were convicted, and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s):

\_\_\_\_\_  
\_\_\_\_\_

Did any of the following occur, due to the conviction?: License Suspended? YES: \_\_\_\_\_ NO: \_\_\_\_\_

License Revoked?: YES: \_\_\_\_\_ NO: \_\_\_\_\_ License Cancelled?: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Did the violation occur in a Commercial Motor Vehicle (Gross Vehicle Weight Rating more than 10,000lbs) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Location of the offense (Road, City, State): \_\_\_\_\_

\_\_\_\_\_

I attest, by my signature below, that the information provided on this Traffic Conviction Notification Form, was provided by me, and is true, to the best of my knowledge, as of the date of my signature below:

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Printed Name: \_\_\_\_\_

Name of Your Foreman: \_\_\_\_\_

City and State Location you report from: \_\_\_\_\_