

NOTIFICATION OF CONVICTION

The **Federal Motor Carrier Safety Regulation**, **Part 383.31** requires all commercial drivers to notify their home state and employer of any traffic violations received in another state. Please complete and return this form to the Department of Motor Vehicles within 30 days following conviction.

Name:						
Last	First Middle	-				
Driver License No:	State:					
Social Security No:	Date of Birth:					

Convictions

Date Cited	Date Convicted	Offense	State	Type of Vehicle (commercial or non-commercial)

Signature

Date

Mail completed form to: Department of Motor Vehicles, Driver's License Assessment Team 555 Wright Way, Carson City, Nevada 89711