Star Fleet, Inc.

CERTIFICATE OF VIOLATIONS AND ACCIDENTS FOR THE LAST 12 MONTHS

If you have NO violations in the last (12) TWELVE Months, please write None.

Date of Violation Or Accident	Type of Offense Or Accident	State the offense occurred in	Type of Vehicle you were driving

I certify that I have listed above all traffic violations or accidents during the last twelve- (12) months.

_____	_____	_____
DATE	Signature	Social Security Number

_____	_____	_____
License Number	State	Expiration Date