

**Notification to Employer  
Of  
Moving Violation**

Commercial Drivers License  
49 CFR 383.31  
Minnesota Statute 171.168

Upon conviction of any moving violation by any state or local jurisdiction the holder of a Minnesota Commercial Driver License must notify their employer(s) in writing within 30 days of such conviction.

DRIVER NAME (First Name, MI, Last Name)

STATE

COMMERCIAL DRIVER'S LICENSE NUMBER

DID THE VIOLATION HAPPEN IN A CMV?

**G YES   G NO**

DATE OF CONVICTION

LOCATION OF OFFENSE

CITY

STATE

DETAILS ABOUT THE OFFENSE, INCLUDING ANY RESULTING SUSPENSION, REVOCATION, OR CANCELLATION OF DRIVING PRIVILEGES:

DATE

SIGNATURE OF DRIVER



**Notification to Employer  
Of  
Suspension, Revocation, Cancellation or Disqualification**

Commercial Drivers License  
49 CFR 383.33  
Minnesota Statute 171.169

The holder of a Minnesota Commercial Driver License shall notify their employer(s) in writing of any suspension, revocation, cancellation, loss of privilege or disqualification, before the end of the business day following the day the driver (employee) received notice of the suspension, revocation, cancellation, loss of privilege or disqualification.

|   |  |       |
|---|--|-------|
| DRIVER NAME (First Name, MI, Last Name)   |  | STATE |
| COMMERCIAL DRIVER'S LICENSE NUMBER  | DID THE VIOLATION HAPPEN IN A CMV?<br>G YES   G NO |       |
| DATE OF CONVICTION  |  |       |
| LOCATION OF OFFENSE   | CITY   | STATE |
| DETAILS ABOUT THE OFFENSE, INCLUDING ANY RESULTING SUSPENSION, REVOCATION, OR CANCELLATION OF DRIVING PRIVILEGES: |  | DATE  |
| SIGNATURE OF DRIVER   |  |       |

ATTACHMENT C

**Type III School Bus Driver  
Notification to Employer  
Of  
Violation**

Alcohol Related Offense (Minnesota Statute 169A)  
Disqualifying Offense (Minnesota Statute 171.3215 sub 1)  
Moving Violation (Minnesota Statute 169)

Minnesota Statute 171.02 sub 2b

An operator who sustains a conviction as described in 171.02 sub 2b paragraph (h), (i) or (j) while employed by the entity that owns, leases, or contracts for the school bus shall report the conviction to the employer(s) in writing within 10 days of such conviction.

|   |   |       |
|---|---|-------|
| DRIVER NAME (First Name, MI, Last Name)   |   | STATE |
| DRIVER'S LICENSE NUMBER   | DID THE VIOLATION HAPPEN IN A CMV?<br>G YES    G NO |       |
| DATE OF CONVICTION  |   |       |
| LOCATION OF OFFENSE   | CITY  | STATE |
| DETAILS ABOUT THE OFFENSE, INCLUDING ANY RESULTING SUSPENSION, REVOCATION, OR CANCELLATION OF DRIVING PRIVILEGES: |   | DATE  |
| SIGNATURE OF DRIVER   |   |       |

This is the only form approved by the Minnesota State Patrol.