## **NOTARIZED STATEMENT OF DRIVING RECORD \***

				state/country of	
_	tement of my driving rec er's license for two or mo		-	s. My driver's license expiresno.	s on
1. I have been t	icketed for the following	moving violation	ons (if none,	please enter "None"):	
Date <sub>.</sub>		Offense			
	nvolved in the following a			nter "None"); if you have be ion of the accident(s):	en involved in any
(Date)	(Signature)			(Print Name)	
Subscribed and swori	n to before me this	day			
of	, 20				
My commission expir	es				
(Notary Signature)		 (SEAL)			

<sup>\*</sup> All UW System employees holding an out-of-state/country driver's license must complete this form in order to receive driving privileges on behalf of the University of Wisconsin System.