

# DWI INFORMATION

What date did you receive the citation for DWI? \_\_\_\_\_

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY : \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RACE : \_\_\_\_\_ SEX : \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYES: \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE : \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

## RESTRICTIONS ON LICENSE

(EXAMPLE : Glasses, Corrective Lenses, 45 MPH only, Daylight only

\_\_\_\_\_

NAME OF EMPLOYER : \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DO YOU ATTEND WORK RELATED  
OR EDUCATIONAL TRAINING? \_\_\_\_\_

IF SO, WHERE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WHEN DO YOU ATTEND (Days and times)

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

DO YOU DRIVE A COMMERCIAL VEHICLE ? \_\_\_\_\_

WHAT HOURS AND DAYS DO YOU WORK ?

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