



MOVING VIOLATION NOTIFICATION FORM

(FOR BUS DRIVERS ONLY)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____

License Plate#: _____ Year of Vehicle: _____ Make: _____

Model of Vehicle: _____ Date of Ticket: _____

What was the violation? _____

Please explain reason for issuance of ticket: _____

Were additional citations given (include any moving and non-moving violations): _____

If yes, please list: _____

Signature

Date

Please submit this form to the Transportation Administrator for the Diocese of Victoria within 7(seven) business days of receiving any moving violation. If this results in a change in your ability to be considered a driver for the Diocese, you and your parish/school will be notified via certified letter.