



CDL Unit
Tel 609-292-7500 ext. 5077
Fax 609-984-1245

STATE OF NEW JERSEY

EMPLOYMENT HISTORY CERTIFICATION - CHAUFFEUR

Company Name: (please print)	FEIN / TIN Number:		
Company Address: Street/PO Box:	City:	State:	Zip Code:
Company Contact: Last First Middle Initial	Company Telephone Number: () -		
Employee Name: Last First Middle Initial	Employee Driver License Number:		State:
Employee Address: Street/PO Box:	City:	State:	Zip Code:
By signing this form below, I certify that the above named employee has been continuously employed as a limousine driver by this company since January 18, 2002 in accordance with NJSA 48:16-22.3a. This form must be carried by employee during operation of limousine.			
Authorized Company Representative Signature	Title:	Date:	

Please mail completed copy of form to:
 Motor Vehicle Commission
 CDL Unit
 PO Box 685
 Trenton, NJ 08666-0685