

**CERTIFICATION OF PREVIOUS EMPLOYERS REQUIRING A  
COMMERCIAL DRIVER'S LICENSE**

**NO. 405.8  
Exhibit E**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

I certify that I have been employed by the following employers during the two years prior to the date stated below and that I was required to possess a commercial driver's license (CDL) during the term of my employment.

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

(List additional employers on back, if necessary).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CROSS REF.:

LEGAL REF.:

Approved: 07/28/03

Reviewed: ~~04/25/16~~

11/12/18

08/07/23

Revised: \_\_\_\_\_