

Traffic Education Program - TEP

Fourth Judicial Circuit

William B. Rogers Jr., Solicitor

Name: _____ Maiden/Alias: _____

Last Name: _____ Suffix: _____

Physical/Mailing Address _____

(City) (State) (Zip Code)

Social Security Number: _____

Sex: _____ Race _____ Birth Date: _____

State of Birth: _____ Email: _____

Home Phone: _____ Work/Cell (only 1): _____

Driver's License #: _____ State Issued: _____

Any Driver's License Points at this Time? _____

Do you have a CDL? _____ Ticket(s) you are applying to TEP For:

Ticket Number	Charge	Agency

You will need to provide a copy of the ticket, a copy of your driver's license, and a copy of your social security card with the completed application.

I DO HEREBY CERTIFY ALL INFORMATION GIVEN ON THIS DOCUMENT IS TRUE AND ACCURATE.

Signature: _____ Date: _____