



Stacy Drakeford
Police & Fire Services Director

Robbie Rose
Chief of Fire

Police and Fire Services

Police: 201 W. 3rd Street
Fire: 410 N. Market Street
Washington, NC 27889
Telephone: (252) 946-1444
Fax: (252) 948-9448
www.washingtonnc.gov

INSTRUCTIONS FOR COMPLETING THE APPLICATION PACKAGE FOR THE WASHINGTON POLICE DEPARTMENT

In order for you to be a participant in the application process, the following instructions must be followed:

Included in this package are: City of Washington application, one applicant control sheet, two "authorization for release" of personal information form and one Personal History Statement (F-3) form. All forms are to be completed in your handwriting in black ink or typed. Do not leave sections blank. If a section does not apply, indicate with "N/A". All forms must be signed and notarized where applicable.

Submit copies of your current vehicle operator's license, social security card, photocopies of High School Diploma or GED, DD214 (if applicable), and any other supporting documentation when you return this package. Do not submit originals, photocopies only. All of the information requested is important and must be accurate and complete.

Employment references should include full company name, address with zip code, phone number and the name of the supervisor for whom you last worked. Character references should include complete address with zip code and home, cell or work phone number. You should also contact each personal reference to alert them to the fact that they are being used as a reference. Be sure to review all of the information you have provided to ensure accuracy and provide signatures as required.

All copies should be submitted on separate sheets of paper.

If you have any further questions, please contact the Washington Police Department at 252-946-1444.

Thank you for your interest in the Washington Police Department.

Applications must be received by the Director of Human Resources at the following address:

**City of Washington
P.O. Box 1988
Washington, N.C. 27889
Attn: Director of Human Resources**



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Authorization for Release of Personal Information for Employment Purposes

To whom it may concern:

I am an applicant for a position with the Washington Police Department. In order to determine my suitability for employment, I understand that the Washington Police Department must make a thorough investigation of my personal and employment background and records. It is in the public's best interest that all relevant information concerning my personal and employment background and records be disclosed to the Washington Police Department and their staff members conducting this investigation.

Therefore I, _____, do hereby request and authorize any person, firm, facility, commission, court, military entity, hospital, treatment facility, Doctor, agency, or company to release and share any and all information and/or records about me to the staff members of the Washington Police Department conducting this investigation, including medical records otherwise considered privileged or confidential either by law or policy. I understand that medical records shall not be requested or obtained until after a conditional offer of employment is made to me by the Washington Police Department, should such offer occur.

Moreover, I hereby release the Washington Police Department, its staff and the City of Washington, NC from any liability whatsoever for seeking such requested information and for evaluation such information as it relates to my employment with the City of Washington. And, I hereby release the entity and its agents and employees releasing such requested information from all liability for damages of whatever kind, which may at the time result because of compliance with this authorization and request.

I further waive all rights to inspect and review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Washington Police Department, its agents and staff to release copies of any and all information to any agency or entity that regulates certification, conduct or authority of law enforcement officers. This includes, but not limited to: The NC Criminal Justice Education & Training Standards Commission, the NC Attorney General's Office and agencies of other states or federal government.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later. A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

Applicant's Signature

STATE OF NORTH CAROLINA
COUNTY OF _____

Subscribed and sworn to before me
this is the ____ day of _____, ____

Applicant's Printed Name

Notary Public and Seal

My Commission expires _____



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STATE OF NORTH CAROLINA
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this is the ____ day of _____, ____

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NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

PERSONAL HISTORY STATEMENT

NOTE: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a CERTIFIED position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

**NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
PERSONAL HISTORY STATEMENT**

INSTRUCTIONS: Using the online form or legibly printing in ink fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

NOTE: The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Position(s) applied for: _____

Agency: _____ Month: _____ Day: _____ Year: _____

PERSONAL

1. Name: _____ 2. Social Security Number: _____
 First Middle Last

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name been legally changed after age 12? Yes No
 If yes, submit documentation with date and attach to this form.

3. Present Mailing Address: _____
 Street & Number City County State Zip Code

Permanent Mailing Address: _____
 Street & Number City County State Zip Code

Telephone Number: _____
 (Include Area Code) Home Work

Cell Phone: _____ Email Address: _____

4. Date of Birth: _____ 5. Place of Birth: _____

6. Citizenship: U.S. Born U.S. Naturalized Other – Specify _____

NOTE: Data solicited in this box will be used for Equal Employment statistical purposes only.

7. Ethnic Background

- American Indian
- Asian American
- Black
- Spanish American
- White
- Other _____

8. Sex Male Female

9. Have you previously submitted an application for employment with this agency?

Yes No Approximate Date: _____

EDUCATIONAL

10. Indicate below the schools you have attended. (Include incomplete courses)

Indicate the type of High School you attended:

- Traditional
- Home School
- Distance Learning
- Did not attend high school
- Other: _____

Name Address (City & State)	No. Full Yrs Work Completed	When Attended	Graduated (Yes/No)	Degree Awarded	Major Field
High Schools					
Universities or Colleges					
Extension or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

Yes No If yes, when and where did you complete the GED?

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a criminal justice officer.

MARITAL

12. Marital Status (check one) Single Married Divorced
 Engaged Separated Widowed

13. Name of Spouse: _____
 Name of Former Spouse(s): _____

14. List all of your children, including any adopted or stepchildren.

Name	Birth Date	Relationship	Address	Phone Number
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				

FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency? Yes No
 If yes, give name(s) and details:

16. Is any member(s) of your immediate family now in prison or on either probation or parole? Yes No
 If yes, give name(s) and details:

RESIDENCES

17. List every city/county in which you have lived since attaining the age of 16, with present address at top:

From Mo/Yr	To Mo/Yr	Address of Residence	City County State	Landlord

FINANCIAL

18. What income other than salary do you have at present? _____

19. List all businesses you currently own or have financial interest in (**do not list any stocks and bonds**): _____

20. Are you now supporting all children born to you, adopted by you and stepchildren?
 Yes No If not, give details: _____

21. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? Yes No If yes, give name and details: _____

22. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, failure to pay child support, etc. (Do not include divorce)
 Yes No Not sure (explain) If yes, give details: _____

23. What is the total amount of all your debts at present? \$ _____

24. What is the average monthly total of all of your bills, payments, and current living expenses? \$ _____

25. List credit references, including creditors to which you make monthly payments:

A.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State
B.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State
C.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State

D.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State
E.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State
F.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State

WORK HISTORY

26. Have you ever been denied employment by a law enforcement agency, corrections agency, or security agency which required certification or licensure from any Commission, Board or Agency after a conditional offer of employment was made?

Yes No If yes, list agency name and give details: _____

27. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board or Agency established to certify or license that position? (Note: List any such Commission, Board, or Agency, whether in or out of North Carolina.) Yes No

27a. If yes, was such certification or license ever suspended, revoked, or any sanctions taken against it by the issuing authority? Yes No

27b. If such certification or license was ever suspended, revoked, or any sanctions taken against it by the issuing authority, please list the agency's name taking the action against the certification or license, date of the action, reason for the action, and the period of time for the suspension, revocation, or sanction.

28. Have you ever been discharged, requested to resign, or allowed to resign in lieu of termination, from any position because of criminal or personal misconduct or rules violations?

Yes No If yes, list organization name and give details: _____

29. Do you object to wearing a uniform? Yes No

30. Do you object to working nights? Yes No

31. Do you object to working rotating shifts? Yes No

32. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties? Yes No

33. List **ALL** jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a **Reason for Leaving** for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

A. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

B. Title of present or last position _____

Employer Address and Phone Number _____

Name		Phone Number	
Street	City	State	Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

C. Title of present or last position _____

Employer Address and Phone Number _____

Name		Phone Number	
Street	City	State	Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

D. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

E. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

F. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

G. Explain Periods of unemployment of three months or more. _____

MILITARY SERVICE

34. Were you ever in the U.S. Military Service or any other military organization? Yes No

Were you ever denied entrance into the military? Yes No If yes, why? _____

QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS

35. What is your service number? _____

36. What was the highest rank that you held? _____

37. What was the last rank that you held? _____

38. What was the date and location of your first enlistment or commission? Date: _____

39. List each tour of active duty where a DD-214 was issued:

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

40. List all duty stations:

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

41. Have you ever received any of the following types of discharge:

- Uncharacterized Yes No
- Honorable Yes No
- General (Under honorable conditions) Yes No
- Under other than honorable conditions Yes No
- Bad Conduct Discharge Yes No
- Dishonorable Discharge Yes No
- Dismissal Yes No

42. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, **and/or any other disciplinary action** while a member of the military, national guard or reserve unit?

Yes No If yes, explain what occurred and what type of punishment you received: _____

43. List all medals and decorations awarded you during your military service: _____

44. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

USE OF ALCOHOL OR DRUGS

45. Do you drink alcoholic beverages? Yes No

NOTE: In questions 46, and 47, the word **'used'** means **"one time or more, including experimentation."** If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

46. Have you ever used, to include tasting, any illegal drugs including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation?

Yes No I don't know (explain below)

If yes, what were the circumstances, drugs used, and when did the usage last occur?

When was the last time? _____

47. Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician?

Yes No I don't know (explain below)

If yes, what were the circumstances, drug(s) used, and when did the usage last occur?

48. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription? Yes No I don't know (explain below)

If yes, identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery, or sale.

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of accident. **Attached to this form is an additional list of North Carolina traffic offenses which must be listed.**

You must include any and all convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5. If you list a charge(s), please attach certified and true copies of warrant(s) and judgment(s) for each offense, even if documentation and charges have previously been reported to this agency.

49. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?
 (The term "charged" as used in this question includes being issued a criminal citation or summons.)

Yes No If yes, give details below:

- A. Offense Charged _____ Law Enforcement Agency _____
 Date _____ Disposition of Case _____
- B. Offense Charged _____ Law Enforcement Agency _____
 Date _____ Disposition of Case _____
- C. Offense Charged _____ Law Enforcement Agency _____
 Date _____ Disposition of Case _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

50. Have you ever had a Domestic Violence Protection Order issued against you?
 (Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

Yes No

Date of Issuance: _____
 County of Issuance: _____
 Name of Plaintiff: _____
 Date of expiration: _____

51. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:
- (a) currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
 - (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under law where the conviction occurred the person is not prohibited from receiving or possessing any firearm.
 - (c) are a fugitive from justice.
 - (d) are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
 - (e) have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
 - (f) have been discharged from the Armed Forces under dishonorable conditions.
 - (g) are illegally in the United States.
 - (h) have renounced your citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year" as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 15 of this document indicates you have read this section and understand each of the disqualifiers.

52. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?

Yes No I don't know (explain below) If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?
 Yes No

Offense Charged: _____

Law Enforcement Agency _____

Date: _____

Disposition _____

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5.)

Yes No If yes, give details:

54. Have you ever been placed on probation? Yes No If yes, give details:

55. Do you possess a valid driver's license from the State of North Carolina? Yes No

Driver's License Number _____ Year Issued _____

56. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina? Yes No

If yes, give state and number _____

57. Was your driver's license ever suspended or revoked? Yes No If yes, state which and give reasons:

58. Was your driver's license ever restored? Yes No When? _____

59. Have your driving privileges ever been restricted? Yes No If yes, give details:

CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this position:

61. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

63. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

Name	Address	Telephone
A.		
B.		
C.		
D.		
E.		

STATE OF NORTH CAROLINA

COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the _____ day of _____, 20____

(Signature in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20____

Notary Public (Official Seal)

My Commission Expires: _____, 20____

EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR

20-28	Driving while license permanently revoked (20-28(b))[(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3 rd offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(e))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(h)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 49.