

450  
DB

- Operators \$3.00
- Com. Operators \$4.50
- Chauffeur \$6.00

## APPLICATION FOR TEXAS DRIVER'S LICENSE

Print or Type MR.  
Full Name MRS.

	(First Name)	(Middle Name if Single, Maiden Name if Married)	(Last Name)
<b>ADDRESS</b>	<b>BIRTHDATE</b>		
Number and Street	Mo. <u>OCT</u>	Day	Year
City or Post Office	SEX <u>M</u>	COLOR OF EYES	WEIGHT
THIS SPACE FOR DEPARTMENT USE	RACE <u>C</u>	COLOR OF HAIR <u>BROWN</u>	HEIGHT
	OCCUPATION		
			Employer
			Employer's Address

### READ THIS FIRST

1. All information on this form except the signature must be typewritten or PRINTED in INK.
2. GIVE FULL NAME. If you do not have a middle name, print the word "NONE" between the first and last names. If you have an initial only, print the word "ONLY" after the initial. W. (only) J. (only) SMITH. Married women must use GIVEN NAME, MAIDEN NAME, and MARRIED NAME. MRS. MARY JONES SMITH.
3. Give PERMANENT RESIDENCE ADDRESS.

FOR DEPARTMENT USE

THESE QUESTIONS MUST BE ANSWERED BY placing an X in the square under the word YES or NO. If an answer is YES, dot must be given in the space provided in the question.

- |     |                          |                          |  |
|-----|--------------------------|--------------------------|--|
|     | NO                       | YES                      |  |
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever held a TEXAS license? When last? _____ Number of license _____   |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been examined for a Texas license? When last? _____ Did you pass? _____  |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever held a license in any other State? Where? _____ When last? _____   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been denied a license? Why? _____  |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Has your license or driving privilege ever been suspended, revoked, or cancelled? When? _____ Where? _____ Why? _____  |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of: Driving while intoxicated, Failure to stop and render aid, Aggravated assault with a motor vehicle, Negligent homicide with a motor vehicle, or Murder with a motor vehicle? Number of convictions _____ When? _____ Where? _____ |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of any other moving traffic violation? How many times? _____ When? _____  |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved as a driver in a motor vehicle accident? How many times? _____ When? _____   |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been subject to losses of consciousness or muscular control? Are you now cured? _____  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been addicted to the use of intoxicating liquor or narcotic drugs? Are you now cured? _____  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any physical or mental defects? What are they? _____   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been a patient in a hospital for mental illness? _____ When? _____   |
|     |                          |                          | Where? _____ Were you committed by a court for an indefinite stay? _____ Was a guardian appointed? _____   |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | In return for the privilege to drive, do you agree to drive safely and obey Traffic Laws?  |

I DO SOLEMNLY SWEAR THAT I AM THE PERSON NAMED AND DESCRIBED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

Usual Signature of Applicant \_\_\_\_\_

**TO BE USED ONLY IF APPLICANT IS UNDER 18 YEARS OF AGE**

I do solemnly swear that the above named applicant is my \_\_\_\_\_ and that \_\_\_\_\_ was born the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_. I further swear that the above statements are true and this is my authorization to the Department of Public Safety to grant my \_\_\_\_\_ a \_\_\_\_\_ License.

Signature of Parent or Guardian \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public or Authorized Officer \_\_\_\_\_

21246-1281-600m

