

450
228

- Operators \$2.00
- Com. Operators \$4.50
- Chauffeur \$6.00

APPLICATION FOR TEXAS DRIVER'S LICENSE

Print or Type MR. MISS
Full Name MISS

(First Name)		(Middle Name if Single, Maiden Name if Married)			(Last Name)		
ADDRESS		BIRTHDATE		AGE LAST BIRTHDAY		OCCUPATION	
Number and Street		Mo.	Day	Year			Employer
City or Post Office		SEX	COLOR OF EYES		WEIGHT		
THIS SPACE FOR DEPARTMENT USE		BACE	COLOR OF HAIR		HEIGHT		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.

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

- | | | |
|--------------------------|--------------------------|---|
| NO | YES | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever held a TEXAS license? When last? _____ Number of license _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever been summoned for a Texas license? When last? _____ Did you pass? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever held a license in any other State? Where? _____ When last? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been denied a license? Why? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has your license or driving privileges ever been suspended, revoked, or cancelled? When? _____ Where? _____ Why? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. 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? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever been convicted of any other moving traffic violation? How many times? _____ When? _____ Where? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been involved as a driver in a motor vehicle accident? How many times? _____ When? _____ Where? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever been subject to losses of consciousness or muscular control? Are you now cured? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever been addicted to the use of intoxicating liquor or narcotic drugs? Are you now cured? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you have any physical or mental defects? What are they? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. 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? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. 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

TI246-1261-500m

*N.M.M.
11/11/52
J.W.*

11/11/52

APPLICANT'S DRIVING RECORD

This side for use of Driver and Vehicle Records Division only.

DATE			DRIVER'S RECORD	DATE			EXPIRES	EXPIRES
Mo.	Day	Yr.	ACCIDENTS, VIOLATIONS, COMPLAINTS, ETC.	Mo.	Day	Yr.	RESTRICTIONS, DUPLICATES, REVOCATIONS, ETC.	

SEE REFERENCE NO. **TEXAS DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE RECORDS DIVISION** S. R. REFERENCE NO.

RESULT	APPLICANT

RECORD EXAMINATION

ROAD TESTS	Bad	Good
SLOW SIGN	First 4	Second 0
STOP SIGN	First 6	Second 0
TRAFFIC SIGNAL	First 6	Second 6
LEFT TURNS	Signal 4	Speed 2
	Lane 2	Turn 3
RIGHT TURNS	Signal 4	Speed 2
	Lane 2	Turn 3
LEFT TURNS	Signal 4	Speed 2
	Lane 2	Turn 3
RIGHT TURNS	Signal 4	Speed 2
	Lane 2	Turn 3
TIME	1st 6	2nd 3
	3rd 0	

MANEUVERS	Bad	Good
START	First 2	Second 1
Quick Stop	4	0
Stop at Front	4	0
Stopping Between Cars	4	0
Stop on Grade	4	0
Posture	2	1
Clutch	2	1
Attention & Distraction	4	0
Stopping in Lane	10	0
Following	8	0
Overtaking	8	0
Backing Overaken	8	0
Sight of Way	10	0
Use of Horn	2	1
APPROACH TO CORNER	First 6	Second 3

KNOWLEDGE	No	Some	Yes
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL CONDITION	None Noted	Minor	Other
Impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VISION	Good	Fair	Poor
Handeye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACUITY	Normal	Left	Right
With Glasses	<input type="checkbox"/>	20/20	20/20
Without	<input type="checkbox"/>	20/20	20/20

SIGNS	1st	2nd	3rd

RULES	1st	2nd	3rd

REMARKS or Restrictions