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APPLICATION FOR TEXAS DRIVER'S LICENSE

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

Print or Type (MRS. MISS) **LEE HARVEY** **OSWALD**
 Full Name (First Name) (Middle Name if Single, Maiden Name if Married) (Last Name)
 ADDRESS: 2515 WEST 5th ST. IRVING TEXAS
 No. City or Post Office
 BIRTHDAY: OCT. 18 1939
 Day Year
 AGE LAST BIRTHDAY: 24
 OCCUPATION: PHOTOGRAPHER
 Employer
 WEIGHT: 140 lbs.
 COLOR OF EYES: GREY
 COLOR OF HAIR: BROWN
 HEIGHT: 5 ft. 9 in.
 SEX: M
 RACE: C
 THIS SPACE FOR DEPARTMENT USE

READ THIS FIRST

- All information on this form except the signature must be typewritten or PRINTED in INK.
 - 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.
 - 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.

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|---|---|
| 1. | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | YES | Have you ever held a TEXAS license? When last? _____ | Number of license _____ |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been examined for a Texas license? When last? _____ | Did you pass? _____ |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever held a license in any other State? Where? _____ | When last? _____ |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been denied a license? Why? _____ | |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has your license or driving privilege ever been suspended, revoked, or cancelled? When? _____ | |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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 _____ | |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of any other moving traffic violation? How many times? _____ | |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved as a driver in a motor vehicle accident? How many times? _____ | |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been subject to losses of consciousness or muscular control? Are you now cured? _____ | |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any physical or mental defects? What are they? _____ | |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been a patient in a hospital for mental illness? _____ | Were you committed by a court for an indefinite stay? _____ |

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.

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 _____ 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 _____

21244-1261 500m

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