

Ruth PAINE  
Commission Exhibit No. 426

450  
DPA

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

APPLICATION FOR  
TEXAS DRIVER'S LICENSE

Print or Type MR.  
Full Name MRS.  
MISS

ADDRESS (First Name)		BIRTHDATE (Middle Name if Single, Maiden Name if Married)			(Last Name)	OCCUPATION
Number and Street	City or Post Office	Mo.	Day	Year	AGE LAST BIRTHDAY	
						DRIVER
THIS SPACE FOR DEPARTMENT USE		RACE	COLOR OF EYES	WEIGHT		Employer's Address
		C				

READ THIS FIRST

FOR DEPARTMENT USE

- 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.

Commission Exhibit 112

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.

- |     |                                     |   |   |              |
|-----|-------------------------------------|---|---|--------------|
|     | YES                                 |   |   |              |
| 1.  | <input checked="" type="checkbox"/> | Have you ever held a TEXAS license? When last? _____  | Number of license _____                                     |              |
| 2.  | <input checked="" type="checkbox"/> | Have you ever been examined for a Texas license? When last? _____   | Did you pass? _____   |              |
| 3.  | <input checked="" type="checkbox"/> | Have you ever held a license in any other State? Where? _____   | When last? _____  |              |
| 4.  | <input checked="" type="checkbox"/> | Have you ever been denied a license? Why? _____   |   |              |
| 5.  | <input checked="" type="checkbox"/> | Has your license or driving privileges ever been suspended, revoked, or cancelled? When? _____  | Where? _____  |              |
| 6.  | <input checked="" 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 checked="" type="checkbox"/> | Have you ever been convicted of any other moving traffic violation? How many times? _____   | When? _____   | Where? _____ |
| 8.  | <input checked="" type="checkbox"/> | Have you ever been involved as a driver in a motor vehicle accident? How many times? _____  | When? _____   | Where? _____ |
| 9.  | <input checked="" type="checkbox"/> | Have you ever been subject to losses of consciousness or muscular control? Are you now cured? _____   |   |              |
| 10. | <input checked="" 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"/> | Do you have any physical or mental defects? What are they? _____  |   |              |
| 12. | <input checked="" type="checkbox"/> | Have you ever been a patient in a hospital for mental illness? _____  | When? _____   | Where? _____ |
|     |                                     | Indefinite stay? _____  | 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.

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 \_\_\_\_\_ License.

Signature of Parent or Guardian

Driver's License Number

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

21245-1201-0000

Notary Public or Authorized Officer

