

APPLICATION FOR TEXAS DRIVER'S LICENSE

Operator \$2.00
 Com. Operator \$4.00
 Chauffeur \$6.00

First or Type OSWALD
 Last Name OSWALD
 Full Name LEE HARVEY OSWALD
 ADDRESS 2575 WEST 5th ST. IRVING TEXAS
 CITY IRVING STATE TEXAS ZIP 75038
 BIRTHDATE 10 18 1939 SEX M HEIGHT 5-9 WEIGHT 140
 COLOR OF EYES GRAY COLOR OF HAIR BROWN EYES RIGHT EARS LEFT
 OCCUPATION PHOTOGRAPHER

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, give the word "NONE" between the first and last names. If you have an initial only, give 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 SPACES UNDER THE WORD YES OR NO. IF AN ANSWER IS YES, DETAILS MUST BE GIVEN IN THE SPACES PROVIDED IN THE QUESTIONS.

1. YES NO Have you ever held a TEXAS license? When last? _____ Number of licenses _____
 2. YES NO Have you ever been suspended for a Texas license? When last? _____ Did you pass? _____
 3. YES NO Have you ever held a license in any other State? When? _____ Where last? _____
 4. YES NO Have you ever been denied a license? Why? _____
 5. YES NO Have your license or driving privileges ever been suspended, revoked, or annulled? When? _____
 6. YES NO 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. YES NO Have you ever been convicted of any other moving traffic violation? How many times? _____
 8. YES NO Have you ever been involved as a driver in a motor vehicle accident? How many times? _____
 9. YES NO Have you ever been involved as a driver in a motor vehicle accident? How many times? _____
 10. YES NO Have you ever been subjected to license of commission or operator control? Are you now cured? _____
 11. YES NO Have you ever been subjected to the use of intoxicating liquor or narcotic drugs? Are you now cured? _____
 12. YES NO Do you have any physical or mental defects? What are they? _____
 13. YES NO Have you ever been a patient in a hospital for mental illness? _____
 14. YES NO Have you ever been a patient in a hospital for mental illness? _____
 15. YES NO Were you ever committed by a court for an indictable crime? _____
 16. YES NO Was a guardian appointed? _____
 17. YES NO 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.

Given to and obtained before me this _____ day of _____, 19____.

 Notary Public or Authorized Officer

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