

Ruth PAINE
Commission Exhibit No. 426

450
DOR

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

APPLICATION FOR
TEXAS DRIVER'S LICENSE

Print or Type MR.
Full Name MRS.
MISS

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

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.

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.

- | | | |
|---------|-------------------------------------|---|
| 1. YES | <input checked="" type="checkbox"/> | 1. Have you ever held a TEXAS license? When last? _____ Number of license _____ |
| 2. YES | <input checked="" type="checkbox"/> | 2. Have you ever been examined for a Texas license? When last? _____ Did you pass? _____ |
| 3. YES | <input checked="" type="checkbox"/> | 3. Have you ever held a license in any other State? Where? _____ When last? _____ |
| 4. YES | <input checked="" type="checkbox"/> | 4. Have you ever been denied a license? Why? _____ When? _____ |
| 5. YES | <input checked="" type="checkbox"/> | 5. Has your license or driving privilege ever been suspended, revoked, or cancelled? When? _____ Where? _____ Why? _____ |
| 6. YES | <input checked="" 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? _____ |
| 7. YES | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of any other moving traffic violation? How many times? _____ When? _____ Where? _____ |
| 8. YES | <input checked="" type="checkbox"/> | 8. Have you ever been involved as a driver in a motor vehicle accident? How many times? _____ When? _____ Where? _____ |
| 9. YES | <input checked="" type="checkbox"/> | 9. Have you ever been subject to losses of consciousness or muscular control? Are you now cured? _____ |
| 10. YES | <input checked="" type="checkbox"/> | 10. Have you ever been addicted to the use of intoxicating liquor or narcotic drugs? Are you now cured? _____ |
| 11. YES | <input checked="" type="checkbox"/> | 11. Do you have any physical or mental defects? What are they? _____ |
| 12. YES | <input checked="" type="checkbox"/> | 12. Have you ever been a patient in a hospital for mental illness? _____ When? _____ Where? _____ |
| 13. YES | <input checked="" type="checkbox"/> | 13. Were you committed by a court for an indefinite stay? _____ Was a guardian appointed? _____ |

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____.

7888-178-272

Notary Public or Authorized Officer

RECORD OF EXAMINATION

TEXAS DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE RECORDS DIVISION

APPLICANT'S DRIVING RECORD

Commission Exhibit No. 426

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

DATE: _____
DRIVER'S RECORD
 ACCIDENTS, VIOLATIONS, COMPLAINTS, ETC.

DATE: _____
PERMITS ACTION
 RESTRICTIONS, DOMESTIC
 REPRODUCTION, ETC.

SEE REFERENCE NO. _____

EXAM	RESULT	EXAMINER	APPLICANT	PLACE	DATE	ROAD TESTS			
						Slow Sign	Stop Sign	Throat Signal	Bad Pst. Good
1						First	Second	Third	Fourth
2						First	Second	Third	Fourth
3						First	Second	Third	Fourth
4						First	Second	Third	Fourth
5						First	Second	Third	Fourth
6						First	Second	Third	Fourth
7						First	Second	Third	Fourth
8						First	Second	Third	Fourth
9						First	Second	Third	Fourth
10						First	Second	Third	Fourth
11						First	Second	Third	Fourth
12						First	Second	Third	Fourth
13						First	Second	Third	Fourth
14						First	Second	Third	Fourth
15						First	Second	Third	Fourth
16						First	Second	Third	Fourth
17						First	Second	Third	Fourth
18						First	Second	Third	Fourth
19						First	Second	Third	Fourth
20						First	Second	Third	Fourth
21						First	Second	Third	Fourth
22						First	Second	Third	Fourth
23						First	Second	Third	Fourth
24						First	Second	Third	Fourth
25						First	Second	Third	Fourth
26						First	Second	Third	Fourth
27						First	Second	Third	Fourth
28						First	Second	Third	Fourth
29						First	Second	Third	Fourth
30						First	Second	Third	Fourth

APPROACH TO CONTROL

First Second Third Fourth

Quick Stop Backing 50 Feet Parking Between Curb Start on Grade Start on Grade Clutch Attention to Direction Keeping in Lane Following Being Overtaken Overtaking Right of Way Use of Horn

KNOWLEDGE

English: No Some Yes

Spells: No Some Yes

PHYSICAL CONDITION

Impairments: None Mental Physical Suffered Fractures Other Remarks: _____

Standard: Dead Near Good

VISION: Binocular Monocular Color: Bad Green Normal

ACUITY: Right: 20/ Left: 20/

FIELD: Right: 90/ Left: 90/

VISION: Right: 20/ Left: 20/

FIELD: Right: 90/ Left: 90/

RIGHT TURNS

TIME	Signal	Speed	Turn
First	4	4	4
Second	4	4	4
Third	4	4	4
Fourth	4	4	4

LEFT TURNS

TIME	Signal	Speed	Turn
First	4	4	4
Second	4	4	4
Third	4	4	4
Fourth	4	4	4

TRAFFIC SIGNAL

TIME	Signal	Speed	Turn
First	4	4	4
Second	4	4	4
Third	4	4	4
Fourth	4	4	4

RULES

TIME	Signal	Speed	Turn
First	4	4	4
Second	4	4	4
Third	4	4	4
Fourth	4	4	4

SCENS

TIME	Signal	Speed	Turn
First	4	4	4
Second	4	4	4
Third	4	4	4
Fourth	4	4	4

REMARKS or Observations: _____