APPLICATION FOR
TExAS DRIVER'S LICENSE

Print or Type MR.
Full Name MRS.
(Middle Name if Single, Maiden Name if Married)
(Last Name)

ADDRESS

City or Post Office

SEX COLOR OF EYES WEIGHT

AGE LAST BIRTHDAY OCCUPATION

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, data must be given in the space provided in the question.

1. Have you ever had a TEXAS license? When last?
   Number of licenses

2. Have you ever been examined for a TEXAS license? When last?
   Did you pass?

3. Have you ever held a license in any other State? Where?
   When last?

4. Have you ever been denied a license? Why?

5. Has your license or driving privilege ever been suspended, revoked, or cancelled? When?
   Where?

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. Have you ever been involved in any other traffic violation? How many times?
   Where?
   When?

8. Have you ever been involved in a drive in a motor vehicle accident? How many times?
   Where?
   When?

9. Have you ever been subject to loss of consciousness or muscular control? Are you now cured?

10. Have you ever been addicted to the use of intoxicating liquor or narcotic drugs? Are you now cured?

11. Do you have any physical or mental defects? What are they?

12. Have you ever been a patient in a hospital for mental illness? When?

13. Were you committed by a court for an Indefinite stay?

14. Have you ever been a patient in a Texas hospital for mental illness? When?

15. Was a guardian appointed?

16. 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 .

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

Notary Public or Authorized Officer

COMMISSION EXHIBIT 112
| DATE | DRIVER'S RECORD | DATE |对学生行动，限制，吊销，撤销等。
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**TEXAS DEPARTMENT OF PUBLIC SAFETY**
**DRIVER AND VEHICLE RECORDS DIVISION**

**APPLICANT'S DRIVING RECORD**
This form is for use of Driver and Vehicle Records Division only.

**COMMISSION EXHIBIT 112—Continued**