OREGON OPERATOR'S LICENSE APPLICATION

Period Ending June 30, 1935

To HAL E. HOSS, Secretary of State, Salem, Oregon.

I, the undersigned, in accordance with the provisions of the Oregon Motor Vehicle Law (Chapter 264, Oregon Laws, 1931, as amended), hereby apply for a Motor Vehicle Operator's License Renewal and swear or affirm that the following statements are true and correct to the best of my knowledge:

1. First Name _____ (Print in Full) Middle Name _____ (Print in Full) Last Name _____ (Print in Full)

2. Address _____ (Street No. or R. F. D.) Salem (Name of City or Town) Marion (County) Oregon (State)

3. Date of birth _____ (Month) _____ (Day) _____ (Year); Sex male (Male or Female); Age 19 yrs.; Height 5 ft. 11 in.; Weight 152 lbs.

4. Color hair black; Color eyes blue; Occupation common labor

5. When were you first licensed as an operator in Oregon? 1930 (Approximate Year); Operator's License No. 54771; If your name has been changed since you applied for your first license give your former name in full _____

6. Approximately how long have you driven a motor vehicle? 4 yrs.; Have you ever had an accident while operating a motor vehicle? no (Yes or No) If so, how many accidents resulted in the following: Property damage only _____ (Number), Personal injury _____ (Number), Death _____ (Number)

7. Have you ever been convicted or forfeited bail for any of the following violations of motor vehicle regulations: Manslaughter? no (Yes or No), Driving while intoxicated? no (Yes or No), Perjury? no (Yes or No), Any felony? no (Yes or No), Failure to stop at place of accident? no (Yes or No) Reckless driving? no (Yes or No); If so, state when and where _____

8. Have you ever had a license to operate motor vehicles REFUSED, CANCELLED, SUSPENDED or REVOKED? no (Yes or No) If so, where? _____ (Name of State or Country); Date _____; Reason _____

9. Have you the full use of both hands and feet? yes (Yes or No); If not, describe disability _____

10. What is the condition of your hearing? good (Good, Fair, Poor or Deaf); Have you normal vision in each eye? yes (Yes or No); If not, describe condition fully: _____; Do you wear glasses? no (Yes or No) If so, do you wear them constantly? _____ (Yes or No) For close work or reading only? _____ (Yes or No) For distance only? _____ (Yes or No)

11. Have you ever had an attack of epilepsy, paralysis or are you subject to fainting or dizzy spells? no (Yes or No); If so, give all particulars: _____

12. Have you any mental or physical defects, other than stated above, which might affect your safe operation of a motor vehicle or do you suffer from any nervous condition? no (Yes or No); If so, explain fully _____

13. APPLICANT SIGN HERE _____ (Do Not PRINT Signature)

14. Subscribed and sworn to before me this 13 day of Sept., 1933

(SEAL)

15. _____ (Notary Public for Oregon)

16. My commission expires NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES JUNE 5

$1 Fee Paid	P. Ck.	C.	P. M. O.	Draft	E. M. O.	Pre. Ck.

Cashier's Receiving Date and No. 262281 SEP 16 '33

Application Checked by _____