

LICENSE EXPIRES **Oct 15 1929** **MASSACHUSETTS** No. **33056**
OPERATOR'S  **LICENSE** Restrictions
 DEPARTMENT OF MOTOR VEHICLES

UNLESS OTHERWISE NOTED, THE LICENSE WAS USED FOUR YEARS PRIOR TO DATE OF EXPIRATION ABOVE SHOWN.

Full name _____

Street No. _____

City _____

CHANGE OF ADDRESS MUST BE REPORTED TO DEPARTMENT WITHIN 10 DAYS. VEHICLE CODE SECTION 231L.

SEX(M/F)	HEIGHT	DATE OF BIRTH		SUPPLEMENTARY ADDRESS
WEIGHT	COLOR EYES	COLOR HAIR	RACE	
PREVIOUS LICENSE NUMBER		YEAR OF EXPIRATION	MARRIED	

RIGHT THUMB PRINT

I HEREBY CERTIFY THAT THE PERSON HEREON NAMED HAS BEEN GRANTED THE PRIVILEGE OF OPERATING MOTOR VEHICLES SUBJECT TO ANY RESTRICTIONS CONTAINED HEREON. DIVISION OF DRIVER LICENSES

Signature of Licensee _____

George Blawie
 Chief of Department

Must be carried when operating a motor vehicle. Present when applying for renewal.

Print on white or off-white cardstock, if possible. Non-glossy photo paper would also be about right.

Type appropriate information on license.
 Option 1: use built-in Acrobat form fields above.
 Option 2: delete default entries above and print license "blank." Then put blank prop into an actual typewriter, or use your choice of word-processor / page layout software with alternative fonts.

After information is entered on form, trim on crop marks.

Don't forget the signature and thumb print.

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Questions? Ask them. andrew@ahleman.com