

TO BE FILED AT THE OFFICE OF THE SECRETARY OF STATE, BROADWAY & 74th ST., NEW YORK CITY.



STATE OF NEW YORK.

1911

Office of the Secretary of State.

Application for Chauffeur's License to Operate Motor Vehicles.

PLEASE READ CAREFULLY.

No person shall operate or drive a motor vehicle as a chauffeur upon a public highway of this State after the first day of August, 1910, unless such person shall have complied in all respects with Section 289 of Article Eleven of the Highway Law; provided, however, that a non-resident chauffeur, who has registered under provisions of law of the foreign country, state, territory, or federal district of his residence substantially equivalent to the provisions of Section 289 of Article Eleven of the Highway Law, shall be exempt from license under this section; and provided, further, he shall wear the badge assigned to him in the foreign country, state, territory, or federal district of his residence in the manner provided by Section 289 of Article Eleven of the Highway Law.

Application for license to operate motor vehicle, as a chauffeur, shall be made to the Secretary of State upon blanks furnished by him.

All applications shall be accompanied by a photograph, in duplicate, of the applicant, said photograph to be taken within thirty days prior to the filing of said application. The applicant shall paste one on the application in the space provided. These photographs must be in the form of "unmounted prints," circular in form and 2 inches in diameter.

The badge assigned by the Secretary of State shall thereafter be worn by such chauffeur, pinned upon his clothing in a conspicuous place, at all times while he is operating or driving a motor vehicle upon the public highways. Said badge shall be valid only during the term of the license of the chauffeur to whom it is issued.

The license is \$5.00 annually.

Application must be accompanied by the fee. All checks must be certified. Checks, money or express orders shall be made payable to the Secretary of State.

All questions must be answered or the blank will be returned.

Address all communications to Secretary of State, Broadway & 74th Street, New York City.

Renewals must be made by January 31st in each year. Please make application for renewal of license before November 15th in each year.

APPLICATION.

I, the undersigned, hereby apply to the Secretary of State for a license to operate motor vehicles as a chauffeur, and for that purpose file the following photograph and description of myself, and give the following answers to the questions contained in this application:

PHOTOGRAPH.

(Paste unmounted print here.)

PERSONAL DESCRIPTION.

- a. Color
b. Sex
c. Height
d. Weight
e. Color hair
f. Color eyes
g. Do you wear glasses?
h. Date of taking of photograph.

1. What is your age?

Answer

2. How long have you operated motor vehicles?

Answer

3. How many miles (approximately) have you driven motor vehicles?

Answer

4. What was the character of the motive power (gasoline, steam, electric, etc.)?

Answer

5. What was the type of vehicle (touring car, runabout, etc.)?

Answer

6. Have you ever been convicted under the laws of this or any other state or the regulations, ordinances or laws of any city, town or village, relating to the use of motor vehicles upon the public highways? If so, state fully the nature of each offense, the court in which you were convicted, the date of your conviction, and the penalty imposed.

Answer

7. Have you ever been convicted of any crime? If so, state full particulars.

Answer

8. Have you any mental or physical incapacity or infirmity, of which you are aware, which would in any way interfere with the proper management and control by you of a motor vehicle?

Answer

9. Are you familiar with the rules of the road and the provisions of Article Eleven of the Highway Law of the State of New York?

Answer

10. Have you ever been granted a chauffeur's license in this State? If so, give year of issue and badge number assigned you.

Answer

11. Have you ever had an accident while operating a motor vehicle? Give particulars, stating whether any injury resulted, etc.

Answer

12. Do you use intoxicating liquors? If so, to what extent?

Answer

13. Are you addicted to the use of morphine or other drugs?

Answer

14. If you wear glasses, in what respect is your eyesight defective?

Answer

15. Are you now employed as a chauffeur to operate motor vehicles? If so, give employer's name, street address, town or city and State.

Answer, Name

Street

Town or City

State

16. Give names and addresses of your employers for last five years.

Answer.....

17. State any additional facts which in your judgment qualify you as a chauffeur.

18. Where do you reside? Street....., Town or City.....

County.....State.....

19. What is your business address? Street.....

Town or City.....County.....State.....

Sign your name IN FULL.....

STATE OF NEW YORK, }
County of..... } ss.:

....., being duly sworn, deposes and says that he is the above named applicant; that he signed the above application; that the statements and answers contained therein are true to the best of his knowledge and belief.

Subscribed and sworn to before

.....
(Signature of Applicant)

me this.....day of.....191....

.....
Notary Public.

CERTIFICATES.

(All Certificates Must Be Filled Out)

1. I, the undersigned, being more than 25 years of age, have been a resident of..... for.....years last past. I am personally acquainted with the applicant aforesaid and I do state as follows:

- (a) That I have known the applicant since.....
- (b) That I have read the application of said applicant, and believe each of the statements and answers made therein to be true.
- (c) That said applicant has not, to my knowledge or belief, any physical or mental weakness or infirmity, unless that mentioned in his application, which would in any way interfere with the proper management and control by him of a motor vehicle.
- (d) I believe him to be careful and fully competent to operate motor vehicles.....

(If applicant has ever been in your employ, state when and how long.).....

(Signature)..... (City or Town).....

(P. O. Address).....

2. I (being more than 25 years of age) have been a resident of..... for..... years past, and have personally known the applicant aforesaid for.....years. I have read the foregoing application, and believe the statements made therein to be true. I also concur in the statements b, c and d in the first foregoing certificate.

(If applicant has ever been in your employ, state when and how long.).....

(Signature)..... (City or Town).....

(P. O. Address).....

3. I of County
 of, State of, at the
 present time employ the above named applicant as a chauffeur; I have known him for years;
 I have read the foregoing application and believe the statements and answers made therein to be true. I
 also concur in the statements b, c and d in the first foregoing certificate. He has been in my employ as a
 chauffeur since.....

(Signature)

(City or Town)

(P. O. Address)

Chauffeur's Application

(Do not fill in the following blanks)

Name
Street and Number
City or Town
Application Filed
License Issued

EDWARD LAZANSKY,
 Secretary of State.

Application No.

DR.			CR.		
DATE	ITEM	AMT.	DATE	ACCT. NO.	AMT.
EXAMINED BY			HOW SHIPPED		
NOTIFIED BY			RECEIPT NO.		