


LICENSE EXPIRES Oct 15 1929		MASSACHUSETTS		No. 33056	
UNLESS OTHERWISE NOTED, THE LICENSE WAS USED FOUR YEARS PRIOR TO DATE OF EXPIRATION ABOVE SHOWN.		OPERATOR'S		LICENSE	
DEPARTMENT OF				MOTOR VEHICLES	
Full name _____					
Street No. _____					
City _____					
CHANGE OF ADDRESS MUST BE REPORTED TO DEPARTMENT WITHIN 10 DAYS. VEHICLE CODE SECTION 231.	SEX(M/F)	HEIGHT	DATE OF BIRTH		SUPPLEMENTARY ADDRESS RIGHT THUMB PRINT
	WEIGHT	COLOR EYES	COLOR HAIR	RACE	
	PREVIOUS LICENSE NUMBER		YEAR OF EXPIRATION	MARRIED	
	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 _____		_____ <i>George Blawie</i> 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.
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