

Texas Driving Licence Application Form

Last name: _____

First name: (Check appropriate box)

- Billy-Bob Bobby-Sue
 Billy-Joe Bobby-Jo
 Billy-Ray Bobby-Ann
 Billy-Sue Bobby-Lee
 Billy-Mae Bobby-Ellen
 Billy-Jack Bobby-Beth Ann Sue

Age: ____ (if unsure, guess)

Sex: ____ M ____ F ____ Not sure

Shoe Size: ____ Left ____ Right

Occupation:

- Farmer Mechanic
 Hair Dresser Waitress
 Un-employed Dirty Politician

Spouse's Name: _____

2nd Spouse's Name: _____

3rd Spouse's Name: _____

Lover's Name: _____

2nd Lover's Name: _____

Relationship with spouse:

- Sister Aunt
 Brother Uncle
 Mother Son
 Father Daughter
 Cousin Pet

Number of children living in household: ____

Number of children living in shed: ____

Number that are yours: ____

Mother's Name: _____

Father's Name: _____ (If not sure, leave blank)

Education: 1 2 3 4 (Circle highest grade completed)

Do you own or rent your mobile home? (Check appropriate box)

____ Total number of vehicles you own

___ Number of vehicles that still run

___ Number of vehicles in front yard

___ Number of vehicles in back yard

___ Number of vehicles on cement blocks

Firearms you own and where you keep them:

___ truck ___ kitchen

___ bedroom ___ bathroom

___ shed

Model and year of your pickup: _____ 194___

Do you have a gun rack?

Yes No; If no, please explain:

Newspapers/magazines you subscribe to:

The National Enquirer The Globe

TV Guide Soap Opera Digest

Rifle and Shotgun

___ Number of times you've seen a UFO

___ Number of times you've seen Elvis

___ Number of times you've seen Elvis in a UFO

How often do you bathe:

Weekly

Monthly

Not Applicable

Colour of teeth:

Yellow Brownish-Yellow

Brown Black

N/A [none]

Brand of chewing tobacco you prefer:

Red-Man Skoal

How far is your home from a paved road?

1 mile

2 miles

don't know