



# TOWN OF OYSTER BAY,

OFFICE OF THE TOWN CLERK

## DRIVER'S LICENSE APPLICATION

AUDREY AVENUE, OYSTER BAY, NEW YORK 11771

TELEPHONE: 516 624-6322

ALL INFORMATION MUST BE COMPLETED

PLEASE TYPE OR PRINT CLEARLY

TYPE OF APPLICATION (INDICATE WITH AN "X") TYPE OF DRIVER'S LICENSE (INDICATE WITH AN "X")  
 NEW LICENSE  LICENSE RENEWAL  LIMOUSINE OR TAXICAB  TOW CAR

NAME OF APPLICANT (MUST AGREE WITH NAME ON CHAUFFEUR'S LICENSE)		DATE OF BIRTH	SOCIAL SECURITY NO.		DO NOT ATTACH PHOTO
STREET ADDRESS (MUST AGREE WITH ADDRESS ON CHAUFFEUR'S LICENSE)		HOME TELEPHONE NO.	BUSINESS TELEPHONE NO.		
POST OFFICE AND ZIP CODE		CITIZENSHIP (INDICATE WITH AN "X") <input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED <input type="checkbox"/> ALIEN			
SEX (INDICATE WITH AN "X") <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR	DISTINGUISHING MARKS
PHYSICAL DISABILITIES		N. Y. STATE CHAUFFEUR LICENSE IDENTIFICATION NO.		EXPIRATION DATE	
WAS YOUR OPERATOR OR CHAUFFEUR LICENSE EVER REVOKED OR SUSPENDED (INDICATE WITH AN "X") <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, COMPLETE THE FOLLOWING INFORMATION		DATE	PERIOD SUSPENDED OR REVOKED
REASON FOR SUSPENSION OR REVOCATION					

Complete the following information if you were ever convicted of any crime or offense. In Addition, also list all violations of any traffic law, ordinance or regulation for which you have been convicted in the last eighteen months.

DATE	CRIME OFFENSE OR TRAFFIC VIOLATION	NAME OF COURT	LOCATION OF COURT	PENALTY IMPOSED

LIST YOUR EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS. LIST PRESENT OR LAST EMPLOYER FIRST.

DATES		EMPLOYER'S NAME	EMPLOYER'S ADDRESS	YOUR POSITION
FROM	TO			

LIST BELOW TWO PERSONS WHO HAVE KNOWN YOU AT LEAST ONE YEAR, NOT RELATED, AND WILL RECOMMEND YOU. SEE BACK OF BLUE COPY.

NAME	STREET ADDRESS	POST OFFICE AND ZIP CODE	TELEPHONE NO.
NAME	STREET ADDRESS	POST OFFICE AND ZIP CODE	TELEPHONE NO.

State of New York }  
County of Nassau } ss.

Sworn to before me this.....

day of .....20.....

I have read the applicable Ordinance of the Town of Oyster Bay and agree to abide by its terms and conditions.

I solemnly swear to the truth of the above statements.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

APPLICANT DO NOT WRITE IN THE SPACES BELOW. FOR OFFICE USE ONLY.

.....  
NOTARY PUBLIC

RECEIPT NO.	RECEIPT DATE	LICENSE NO.	DATE ISSUED	ISSUED BY	APPLICATION FEE
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