



Office Use Only

LICENSE #	_____
ASSIGNED	_____ 20_____
ISSUED	_____ 20_____
N.Y. STATE LICENSE: TYPE	_____
VALIDATION #	_____
EXPIRES	_____ 20_____

OFFICE OF THE TOWN CLERK
 One Washington Street Hempstead, NY 11550
 Tel: (516) 812-3025 email: licensing@hempsteadny.gov

FIRST TIME **RENEWAL**

TOW CAR DRIVER

1. Name:						Tel #:		
2. Legal Address:					Email:			
3. Years living at above address: _____ Yrs.		4. DOB: / /		5. Age:		6. Place of Birth:		6A. Social Security #:
7. Are you a US citizen ? YES <input type="radio"/> NO <input type="radio"/>			8. Native or naturalized:			9. If Naturalized When & Where:		
10. Race:		11. Height:	12. Weight:	13. Eye Color:		14. Hair Color:	15. Complexion:	
16. Prominent scars or distinguishing marks? YES <input type="radio"/> NO <input type="radio"/>				17. Have you any mental or physical ailment? YES <input type="radio"/> NO <input type="radio"/>				
18. Were you ever convicted of any crime or offense other than traffic infractions ? - Answer YES <input type="radio"/> NO <input type="radio"/>								
<i>Please supply additional info if needed</i>								
Date		Violation		Place of Arrest		Penalty imposed		
19. Do you have any charges pending against you ? YES <input type="radio"/> NO <input type="radio"/>								
Date		Place of Arrest			Charge			
20. List ALL violations of any traffic law, ordinance or regulation for which you have been convicted within the past 18 months:								
<i>Please supply additional info if needed</i>								
Date		Violation		Name & location of court		Penalty imposed		
21. Was your operator's or chauffeur's license ever suspended or revoked ? YES <input type="radio"/> NO <input type="radio"/>								
If YES, state date, period of suspension and cause.								
22. Give the name and address of your employer (s), and your occupation (s) for the past Ten (10) years. Give name of present employer first.								
<i>Please supply additional info if needed</i>								
Date		Employer		Address		Occupation		

Sworn to before me this _____

Day of _____ 20 _____

I solemnly swear to the truth of the above statements

NOTARY PUBLIC

Signature of Applicant