



# Driving School Record of Completion

## TYPE OF TRANSACTION

FIRST TIME LICENSE       OUT - OF - STATE APPLICANT

## APPLICANT INFORMATION

Applicant's Name			MAILING ADDRESS (IF DIFFERENT)		
Residence Address			Address		
City, State, Zip Code			City, State, Zip Code		
Date of Birth	Sex	Eyes	Height	Weight	
Social Security Number			Drivers License or ID Number	State	

## APPLICANT MUST ANSWER ALL QUESTIONS BELOW

YES NO

1. Are you currently licensed? [ If yes, Where: If no, have you ever been licensed? Where: Expiration Date: ]		
2. Within the past six years, has your license been suspended, revoked or refused? If yes, Why: If reinstated, When?		
3. Do you have/had any of the following diseases and / or conditions: heart trouble, stroke, epilepsy, diabetes, diabetes + insulin Rx, epilepsy, hypoglycemia, paralysis, dizzy spells, seizures, convulsions, lapses of consciousness, ESRD / renal dialysis, eye disorder, sleep disorder, deafness, neurological, orthopedic / prosthetic and or addiction to narcotic drugs or intoxicating liquor, or any other physical or mental handicap or disability? (Note: A medical form may have to be completed if you answer yes to this question.)		
4. Have you ever been convicted of driving while under the influence of intoxicating liquor or drugs in New Mexico or any other jurisdiction? If Yes, Where: Date:		
5. Do you wish to be an Organ Donor?		

APPLICANT'S SIGNATURE	DATE
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## EXAMINER'S INFORMATION

Written Test Score	Road Test Score
Test Language	
Examiner's Printed Name	
EXAMINER'S SIGNATURE	Date

Driving School Information Name, Address, Phone
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