

**Note:—Go to an Examining point if you want restriction removed or changed.**

### CHANGES OF ADDRESS

Name \_\_\_\_\_

Street and number \_\_\_\_\_

City \_\_\_\_\_

Street and number \_\_\_\_\_

City \_\_\_\_\_

Street and number \_\_\_\_\_

City \_\_\_\_\_


*If you have changed your address, write the correct one above and notify the registry in writing.*



DEPARTMENT  
OF PUBLIC WORKS  
**Registry of  
Motor Vehicles**  
Commonwealth Pier  
Boston Mass.

**RENEWAL  
LICENSE  
TO OPERATE No. \_\_\_\_\_  
MOTOR  
VEHICLES Date \_\_\_\_\_**

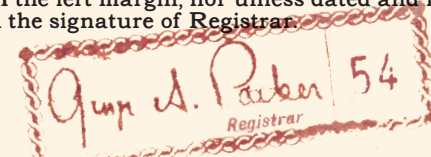


Is hereby licensed to operate Motor Vehicles in accordance with the Laws of Massachusetts  subject to the restriction checked below.

Date of birth _____	<input type="checkbox"/> Planetary Transmission
Height _____ ft _____ in.	<input type="checkbox"/> Friction Drive
Complexion _____	<input type="checkbox"/> Steam Motor Power
	<input type="checkbox"/> Electric Vehicles
	<input type="checkbox"/> Motor Cycle and Side Car
	<input type="checkbox"/> Special (as follows)

This license is not valid until after licensee has endorsed his usual signature in the left margin, nor unless dated and numbered and stamped with the signature of Registrar

Signature.



**THIS LICENSE WILL EXPIRE IN ONE YEAR FROM DATE**

## MASSACHUSETTS DRIVER'S LICENSE

**Customize Information** using Acrobat form fields, if desired,  
or delete default info and print blank to fill out by hand.

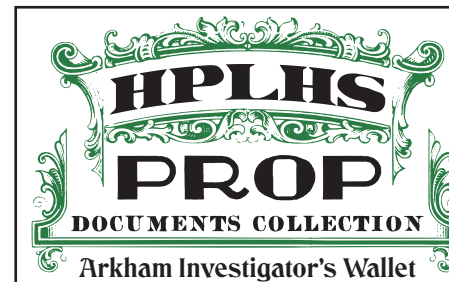
**Print** on plain white paper.

**Fold** at red lines and **glue** front to back.

**Trim** on solid black lines.

Fill out address changes, if any, by hand.

Tools: glue stick, craft knife, straight edge



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Questions? Please ask them! [leman@cthulhulives.org](mailto:leman@cthulhulives.org)