

**OPERATOR'S LICENSE****EXPIRES JUL 31, 1921 - NOT VALID AFTER THIS DATE**DO NOT  
WRITE IN  
THIS SPACE }**826749 JUN 23 20****ISSUED BY THE  
STATE OF NEW YORK  
BUREAU OF MOTOR VEHICLES****SB****SPACES BELOW TO BE FILLED OUT BY APPLICANT****PRINT  
NAME****Gilbert Trask****RESI-  
DENCE****Street 68 Westerlo St., Apt. C  
and No.****POST  
OFFICE****City or Albany N.Y.  
Village State****See Other Side****DESCRIPTION OF APPLICANT****THIS MUST BE EXACTLY AS STATED ON APPLICATION**

<b>DATE OF BIRTH</b>		<b>COLOR</b>	<b>SEX</b>	<b>WEIGHT</b>
<b>MO.</b>	<b>DAY</b>	<b>YR.</b>		<b>LBS.</b>
<b>May</b>	<b>30</b>	<b>1876</b>	<b>Wht.</b>	<b>M</b>
<b>HEIGHT</b>		<b>COLOR OF EYES</b>	<b>COLOR OF HAIR</b>	
<b>5</b>	<b>11</b>	<b>Br.</b>	<b>Br.</b>	
<b>FT.</b>	<b>IN.</b>			

**SIGNATURE OF APPLICANT****NOT VALID UNTIL DATED AND NUMBERED BY  
ISSUING OFFICE**

**STATE OF NEW YORK**  
**BUREAU OF MOTOR VEHICLES**

This is to certify that the person named and described on the reverse side, whose photograph appears hereon, has been licensed to operate a motor vehicle for the year ending July 31, 1921.

*W B Stewart*

Commissioner of Motor Vehicles



Notify this office at once of any change in your address. Any alteration or erasure made on this license, except a change of address, voids same.

Every operator of a motor vehicle involved in an accident resulting in a personal injury or death must report it to the Commissioner. Secure a blank from police, town, city or village clerk or any office of the Motor Vehicle Bureau.

**FAILURE TO REPORT AN ACCIDENT IS A  
MISDEMEANOR**