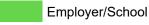
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STATE OF NEW MEXICO



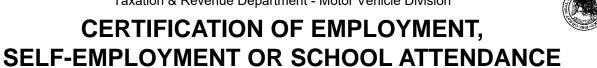
Taxation & Revenue Department - Motor Vehicle Division

CERTIFICATION OF EMPLOYMENT, SELF-EMPLOYMENT OR SCHOOL ATTENDANCE

INSTRUCTIONS: If you are employed, your employer must complete Sections 1, 2 and 3. If you are self-employed, you must complete Sections 1, 2 and 4.

	If you are attending	ng school, the administ	rator must com	plete Sections 1, 2 and 5.				
	1. APPLICANT INFOR	RMATION	2. EMPLOYER / SCHOOL INFORMATION					
Applicant's Na	nme		Employer's Business/School Name					
Date of Birth	Social Security Number	Driver License Number	Employer's/School	ol Address				
Evaloia why o				MPLETE THE FOLLOWING:				
Explain why a	driver's licerise is necessa	ry for this employee to eng	age in gainiul emp	loyment with your business.				
Weekly Work	Days (Specify) Mandatory		Working Hours (AM / PM, Specify) Mandatory					
	4. IF YOU	ARE SELF-EMPLOYE	D, COMPLETE T	THE FOLLOWING				
Briefly state why a driver's license is necessary in order to operate your business.								
Your Work Da	ys (Specify) Mandatory		Working Hours (A	M / PM, Specify) Mandatory				
	, o (opcomy) in an according		Transing read (,, 0,000.,,				
5.	IF ATTENDING SCHOOL	DL, HAVE A SCHOOL A	DMINISTRATO	R COMPLETE THE FOLLOWING:				
Briefly state w	hy a driver's license is nec	essary in order for applican	t to attend school.					
-								
Weekly Class	Days (attach separate she	et if necessary)	Class Hours (AM	/ PM, attach separate sheet if necessary)				
WCCRIY Class	Days (altaon separate site	et ii ricocosary)	Class Hours (Alvi	7 i M, attacii separate sheet ii necessary)				
I I hereby swear or affirm that the information given herein is true and correct to the best of my knowledge and that a driver's								
license is required to engage in gainful employment or to attend school.								
Signature of Applicant			Date					
Signature of Employer/School Administrator (If Applicable)			Date	Title of Employer/School Administrator				

STATE OF NEW MEXICO Taxation & Revenue Department - Motor Vehicle Division



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	1. APPLICANT INFOR	RMATION	2. EMPLOYER / SCHOOL INFORMATION				
Applicant's Na	ıme		Employer's Business/School Name				
Date of Birth	Social Security Number	Driver License Number	Employer's/School	Address			
	Coolai Coolainy Haiinisoi			, 144, 200			
	3. IF YOU ARE EMP	PLOYED, HAVE YOUR E	EMPLOYER COM	PLETE THE FOLLOWING:			
Explain why a	driver's license is necessa	ry for this employee to enga	age in gainful employ	ment with your business.			
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Weekly Work	Days (Specify) Mandatory		Working Hours (AM	/ PM, Specify) Mandatory			
VVCCRIY VVOIR	Says (opcony) Mandatory		Working Flours (7 (W	71 W, Opcony) Wandatory			
	4 IE VOI	LARE SELE EMPLOYE		E FOLLOWING			
4. IF YOU ARE SELF-EMPLOYED, COMPLETE THE FOLLOWING Briefly state why a driver's license is necessary in order to operate your business.							
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Your Work Da	ys (Specify) Mandatory		Working Hours (AM / PM, Specify) Mandatory				
5.	IF ATTENDING SCHOOL	DL, HAVE A SCHOOL A	DMINISTRATOR	COMPLETE THE FOLLOWING:			
Briefly state w	hy a driver's license is nec	essary in order for applican	t to attend school.				
Weekly Class	Days (attach separate she	et if necessary)	Class Hours (AM /	PM, attach separate sheet if necessary)			
	, , ,	,,	(, 1			
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license is required to engage in gainful employment or to attend school.							
Signature of A	nnlicant		Date				
orginatare of F	ppnount		Date				
<u> </u>				Title of Francisco (O. L. J. A. J. J. J.			
Signature of Employer/School Administrator (If Applicable)			Date	Title of Employer/School Administrator			