

5. I am free of uncorrectable-defective vision, uncorrectable-defective hearing, epilepsy, vertigo, heart trouble, communicable social diseases and any other infirmity, physical or mental. _____ (Y/N)

6. Attached herewith is a certificate by Dr. _____
(Name, Address, Phone number)

Certifying that, after examination of the applicant, that the applicant is free from each and every infirmity mentioned in question 5 hereof and that the applicant is not afflicted with any disease or infirmity which might make him an unsafe or unsatisfactory driver.

7. I am not addicted to the use of alcohol or drugs. _____ (Y/N)

8. I have a fair knowledge of the City of Gulf Shores. _____ (Y/N)

9. I have a current motor vehicle operator's permit issued by the State of Alabama.
_____ (Y/N)

10. My arrest record, if any is as follows (include all violation, misdemeanors and felonies of which you have been arrested):

Give Date, crime charged, punishment and the court in which convicted.

Remarks:

Applicant's Signature