

Form 45A

A. Jurisdiction		
B. <input type="checkbox"/> License or permit held	<input type="checkbox"/> Resided for 60 days or more	<input type="checkbox"/> Driving privileges suspended or revoked
C. Date held	From _____	To _____
D. Type of license/permit		
E. Current status		
F. Driving privileges ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____	To _____

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