

APPLICATION FOR TEXAS DRIVER LICENSE OR IDENTIFICATION CARD

NOTICE: All information on this application must be in INK. Applications held only 90 days.

DPS CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED.

FOR DEPARTMENT USE ONLY
RESTRICTIONS/ENDORSEMENTS
ASSIGNED # _____

APPLICATION for: DRIVER LICENSE COMMERCIAL DRIVER LICENSE (CDL) LEARNER LICENSE
 IDENTIFICATION CARD NON-RESIDENT COMMERCIAL DRIVER LICENSE Class (Circle) A B C M

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| <p>APPLICANT INFORMATION</p> <p>LAST NAME: _____</p> <p>FIRST NAME: _____</p> <p>MIDDLE NAME: _____</p> <p>SUFFIX: _____</p> <p>MAIDEN NAME: _____</p> <p>DATE OF BIRTH (mm/dd/yyyy): _____ - _____ - _____</p> <p>SSN: _____ - _____ - _____</p> <p>SEX: (Circle One) MALE FEMALE</p> <p>EYE COLOR: _____ HAIR COLOR: _____</p> <p>RACE/ETHNICITY: _____ (I) American Indian/Alaska Native (A) Asian/Pacific Islander (B) Black (H) Hispanic (O) Other (W) White</p> <p>HEIGHT: ft. _____ in. _____ WEIGHT: lbs. _____</p> <p>PLACE OF BIRTH: CITY: _____ COUNTY: _____ STATE: _____ COUNTRY: _____</p> <p>FATHER'S LAST NAME: _____ MOTHER'S MAIDEN NAME: _____</p> | <p>CONTACT INFORMATION</p> <p>HOME PHONE: _____</p> <p>OTHER PHONE: _____</p> <p>EMAIL: _____</p> <p>ADDRESS INFORMATION</p> <p>RESIDENCE ADDRESS: _____</p> <p>_____</p> <p>CITY: _____ STATE: _____</p> <p>ZIP CODE: _____ COUNTY: _____</p> <p>MAILING ADDRESS: _____</p> <p>_____</p> <p>CITY: _____ STATE: _____</p> <p>ZIP CODE: _____ COUNTY: _____</p> |
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REQUIRED INFORMATION FROM ALL APPLICANTS

- | | YES | NO | |
|-----|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a citizen of the United States? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | If you are a US citizen, would you like to register to vote? If registered, would you like to update your voter information? By providing my electronic signature, I understand the personal information on my application form and my electronic signature will be used for submitting my voter's registration application to the Texas Secretary of State's office. Wanting to register to vote, I authorize the Department of Public Safety to transfer this information to the Texas Secretary of State. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wish to donate \$1.00 to the Blindness Education Screening and Treatment Program? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Do you want to support the Glenda Dawson Donate Life Texas donor registry? If yes, please indicate a donation amount of \$1 or more \$_____.00 |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Would you like to register as an organ donor? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Do you want to support survivors of sexual assault? If yes, please indicate a donation amount of \$1 or more \$_____.00 to help fund the testing of sexual assault evidence collection kits (rape kits). |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Do you want to support Texas Veterans? If yes, please indicate your donation amount \$_____.00 |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a health condition that may impede communication with a peace officer? If yes, please list _____ (physician must complete form DL-101 prior to the issuance of a DL/ID). |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | a) Do you want a Veteran designator on your driver license or identification card? (proof of Honorable discharge required; acceptable documents are DD214/5, NGB22, VA disability letter, proof of service/verification of honorable service card) |
| | <input type="checkbox"/> | <input type="checkbox"/> | b) Are you a 60% disabled Veteran receiving compensation and want to waive the application fee? (see 9a for documents required) |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | In the event of injury or death would you like to provide two (2) emergency contacts? If yes, please list: a) Name _____ Telephone Number _____ Address _____ b) Name _____ Telephone Number _____ Address _____ |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a Texas identification card? Number _____ When? _____ |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a driver license or instruction permit in Texas? Number _____ When? _____ |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a license or instruction permit in any other state? List state(s) _____ Number(s) _____ When? _____ |

REQUIRED INFORMATION FROM DRIVER LICENSE APPLICANTS

- | | YES | NO | DRIVING HISTORY INFORMATION |
|-------------------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Are you enrolled in or have you completed an approved driver education course? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Is your driver license or driver privilege CURRENTLY or EVER been suspended, revoked, canceled, denied or disqualified in ANY state? Where? _____ When? _____ Why? _____ |
| VEHICLE REGISTRATION AND INSURANCE INFORMATION | | | |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Do you own a motor vehicle which is required to be registered (Texas Transportation Code Section 502.040)? |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Do you own a motor vehicle which is required to have liability insurance OR other proof of financial responsibility in compliance with the Motor Vehicle Safety Responsibility Act (Texas Transportation Code Section 601.051)? |

UNITED STATES SELECTIVE SERVICE

Any male United States citizen or immigrant who is at least 18 years of age but less than 26 years of age submitting this application consents to registration with the United States Selective Service System. You must be registered to qualify for federal student aid (to include Pell grant), job training, federal employment, and citizenship if an immigrant. In Texas, you must be registered to qualify for state college student aid or state employment. If convicted, failure to register with the Selective Service is a felony punishable by up to five years in prison and/or a \$250,000 fine. If not registered by age 26, you can no longer register and could permanently lose those benefits associated with registration. For alternative options for applicants who object to conventional military service for religious or other conscientious reasons information is available at: <http://www.sss.gov/FactSheets/FSaltsvc.pdf>.

DRIVER LICENSE APPLICANTS: Answers to 1 through 7 below are for the confidential use of the Department.

- YES NO MEDICAL HISTORY QUESTIONS**
1. Do you currently have or have you ever been diagnosed with or treated for any medical condition that may affect your ability to safely operate a motor vehicle?
- EXAMPLES, including but not limited to:** Diagnosis or treatment for heart trouble, stroke, hemorrhage or clots, high blood pressure, emphysema (within past two years) • progressive eye disorder or injury (i.e., glaucoma, macular degeneration, etc.) • loss of normal use of hand, arm, foot or leg • blackouts, seizures, loss of consciousness or body control (within the past two years) • difficulty turning head from side to side • loss of muscular control • stiff joints or neck • inadequate hand/eye coordination • medical condition that affects your judgment • dizziness or balance problems • missing limbs
- Please explain and identify medical condition: _____
2. Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, please explain: _____
3. Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
4. Do you have diabetes requiring treatment by insulin?
5. Do you have any alcohol or drug dependencies that may affect your ability to safely operate a motor vehicle or have you had any episodes of alcohol or drug abuse within the past two years?
6. Within the past two years have you been treated for any other serious medical conditions? Please explain: _____
7. Have you **EVER** been referred to the Texas Medical Advisory Board for Driver Licensing?

NOTICE: The information on this application is required by the Texas Driver License Act, Texas Transportation Code Chapter 521. Failure to provide the information is cause for refusal to issue a driver license or identification card, and in some cases, cancellation or withdrawal of driving privileges. False information could also lead to criminal charges with penalties of a fine up to \$4,000.00 and/or jail.

DO NOT SIGN BELOW UNTIL INSTRUCTED TO DO SO BY NOTARY PUBLIC OR DRIVER LICENSE EMPLOYEE.

CERTIFICATION

I do solemnly swear, affirm, or certify that I am the person named herein and that the statements on this application are true and correct. I further certify my residence address is a (check one): () single family dwelling, () apartment, () motel, () temporary shelter. I agree to immediately report to the Texas Department of Public Safety any changes in my medical condition which may affect my ability to safely operate a motor vehicle. I further understand that I am required by law to report any change of name or address to the Department of Public Safety within thirty days.

Signature of Applicant Date

Texas law requires the Texas Department of Public Safety must provide every minor applicant (under age 18), and cosigner, for a driver license in Texas, educational information concerning state laws relating to driving while intoxicated, driving by a minor with alcohol in the minor's system, and the implied consent law. The minor applicant and the cosigner must acknowledge receipt of that information prior to issuance of any driver license or permit.

I hereby acknowledge receipt of the information concerning DWI, the Zero Tolerance Law and the Implied Consent Law.

Minor Applicant Parent/Legal Guardian Date of Receipt

PARENTAL AUTHORIZATION

Required for all driver license applicants under the age of 18

I do solemnly swear, affirm, or certify that I am the person named herein, that the statements on this application are true and correct, that the above named applicant is my () child () stepchild () ward, and that I have legal custody of the applicant. I authorize the Department of Public Safety to issue a Class () A, () B, () C, or () M license to said minor. The Department can access the said minor's school enrollment records from the Texas Education Agency, and a school administrator or law enforcement officer is authorized to notify the Department if the said minor is absent from school for at least 20 consecutive instructional days.

Usual Written Signature of Parent or Guardian Driver License Number Date

WAIVER OF PARENTAL AUTHORIZATION

Parental Authorization waived. _____
Signature of Applicant DL Employee ACID

VERIFICATION

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public in and for the State of Texas/Authorized Officer

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

Disclosure of your social security account number is mandatory for identification card and driver license applicants. This information is solicited pursuant to 42 U.S.C. 405(c)(2)(C)(i), 42 U.S.C. 666(a)(13)(A); 49 C.F.R. 383.153, Texas Family Code Section 231.302(c)(1) and Texas Transportation Code Sections 522.021 and 521.142. The Department will use social security number information for identification purposes and will only release the number to the Child Support Enforcement Division of the Attorney General's Office, the U.S. Selective Service Administration, the Texas Secretary of State and the Health and Human Services Commission for statutorily authorized purposes pursuant to Texas Transportation Code Section 521.044.