

APPLICATION FOR TEXAS DRIVER LICENSE OR IDENTIFICATION CARD

FOR DEPARTMENT USE ONLY RESTRICTIONS/ENDORSEMENTS

NOTICE: All information on this application, except the signature, must be TYPEWRITTEN or PRINTED in BLACK INK. The signature shall be WRITTEN in BLACK INK. ONCE THIS APPLICATION FORM AND FEE HAVE BEEN SUBMITTED, NO REFUNDS WILL BE MADE. Applications held only 90 days.

ASSIGNED # _____

APPLICATION for: DRIVER LICENSE [] COMMERCIAL DRIVER LICENSE (CDL) [] (Circle Class Desired) LEARNERS LICENSE [] IDENTIFICATION CARD [] CLASS A B C M NON-RESIDENT COMMERCIAL DRIVER LICENSE []

APPLICANT INFORMATION CONTACT INFORMATION ADDRESS INFORMATION MAILING ADDRESS: LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX: MAIDEN NAME: DATE OF BIRTH: SOCIAL SECURITY NUMBER: SEX: MALE FEMALE EYE COLOR: HAIR COLOR: RACE: HEIGHT: ft. in. WEIGHT: LBS. UNITED STATES CITIZEN: yes no PLACE OF BIRTH: CITY: COUNTY: STATE: COUNTRY: FATHER'S LAST NAME: MOTHER'S MAIDEN NAME: HOME PHONE: OTHER PHONE: EMAIL: RESIDENCE ADDRESS: (in line below) CITY: COUNTY: STATE: ZIP CODE: COUNTRY: CITY: STATE: ZIP CODE: COUNTRY:

REQUIRED INFORMATION FROM ALL APPLICANTS:

- YES NO 1. Do you wish to donate \$1.00 to the Blindness Education Screening and Treatment Program? 2. Do you wish to donate \$1.00 to the Glenda Dawson Donate Life - Texas Registry? Would you like to register as an organ donor? Do you consent to the release of your name, date of birth, driver license number and recent address to the statewide internet-based registry of organ, tissue and eye donors and for release to qualified organ, tissue and eye bank organizations? 3. Do you have a health condition that may impede communication with a peace officer? If yes, Please list (must complete form DL-101) 4. Would you like to complete a voter registration application form today? You must be eligible. (¿Le gustaria llenar la forma de registro de votante hoy? Tiene que ser elegible.) 5. Have you ever had a Texas identification card? Number When? 6. Have you ever had a driver license or instruction permit in Texas? Number When? 7. 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 8. Are you enrolled in or have you completed an approved driver education course? 9. 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 10. Do you own a motor vehicle which is required to be registered (Texas Transportation Code Section 502.002)? 11. 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)?

APPLICATION CONTINUED ON BACK

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DOCUMENT PRESENTED: DOCUMENT NUMBER: ISSUING AGENCY: DOCUMENT PRESENTED: DOCUMENT NUMBER: ISSUING AGENCY: DOCUMENT PRESENTED: DOCUMENT NUMBER: ISSUING AGENCY: DOCUMENT PRESENTED: DOCUMENT NUMBER: ISSUING AGENCY: DOCUMENT PRESENTED: DOCUMENT NUMBER: ISSUING AGENCY:

DRIVER LICENSE APPLICANTS

The answers to questions 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. Within the past two years, have you been diagnosed with, been hospitalized for or are you now receiving treatment for a psychiatric disorder?

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 the driving privilege. False information could also lead to criminal charges with penalties of a fine up to \$4,000.00 and/or jail.

DO NOT SIGN 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 : () single family dwelling, () apartment, () motel, () temporary shelter. (check one) 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.

X _____

Pursuant to Texas law, the Texas Department of Public Safety will 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.

Usual Written Signature of Parent or Guardian

Driver License Number

Date

WAIVER OF PARENTAL AUTHORIZATION

Parental Authorization waived. Authority _____ DL Employee _____ # _____

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 driver license applicants, but voluntary for identification card 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 account 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 and the Texas Secretary of State for statutorily authorized purposes pursuant to Texas Transportation Code Section 521.044.