

**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**  **CDL**  **INSTRUCTION PERMIT**  **IDENTIFICATION CARD**   
(Circle Class Desired) **CLASS** **A** **B** **C** **M**

TRUE FULL NAME		ADDRESS INFORMATION					
LASTNAME (Married Last Name) _____		RESIDENCE ADDRESS _____		APT./SPACE NUMBER _____			
FIRSTNAME _____		CITY _____		COUNTY _____ STATE _____ ZIPCODE _____			
MIDDLE NAME(S) _____		MAILADDRESS (if different from above) _____					
MAIDEN NAME _____		CITY _____		STATE _____ ZIP CODE _____			
SUFFIX (Jr., Sr., III) _____		( ) _____ ( ) _____		HOME TELEPHONE NUMBER _____ BUSINESS TELEPHONE NUMBER _____			
PERSONAL INFORMATION		COLOR EYES	COLOR HAIR	SEX	RACE	HEIGHT	WEIGHT
				<input type="checkbox"/> M <input type="checkbox"/> F		FT. IN.	lbs.
<b>DATE OF BIRTH:</b> MONTH _____ DAY _____ YEAR _____		<b>AGE NOW:</b> _____					
<b>PLACE OF BIRTH:</b> CITY _____		STATE _____		COUNTRY _____			
SOCIAL SECURITY NUMBER							
Verification of your Social Security number is now required before ANY Driver License will be issued. _____							

**REQUIRED INFORMATION FROM ALL APPLICANTS:**

- YES NO**
1. ( ) ( ) Have you ever had a Texas identification card? Number \_\_\_\_\_ When? \_\_\_\_\_
  2. ( ) ( ) Have you ever had a driver license or instruction permit in Texas? Number \_\_\_\_\_ When? \_\_\_\_\_
  3. ( ) ( ) Have you ever had a license or instruction permit in any other state? State(s) \_\_\_\_\_ Number(s) \_\_\_\_\_ When? \_\_\_\_\_
  4. ( ) ( ) Are you a citizen of the United States?
  5. ( ) ( ) 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.)
  6. ( ) ( ) Do you wish to donate \$1.00 to the Blindness Education Screening and Treatment Program?
  7. ( ) ( ) Do you wish to donate \$1.00 to the Donor, Education, Awareness, and Registry Program of Texas?
  8. ( ) ( ) Do you have a health condition that may impede communication with a peace officer? If yes, please list (must complete form DL-101): \_\_\_\_\_

**REQUIRED INFORMATION FROM DRIVER LICENSE APPLICANTS:**

- YES NO DRIVING HISTORY INFORMATION**
9. ( ) ( ) Are you enrolled in or have you completed an approved driver education course?
  10. ( ) ( ) Is your driver license or driver privilege **CURRENTLY** suspended, revoked, canceled, denied or disqualified in **ANY** state? Where? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_
  11. ( ) ( ) Has your driver license or driving privilege **EVER** been suspended, revoked, canceled, denied or disqualified in **ANY** state? Where? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_
  12. ( ) ( ) Are you currently placed out of service for operating a commercial motor vehicle? Why? \_\_\_\_\_
- VEHICLE REGISTRATION AND INSURANCE INFORMATION**
13. ( ) ( ) Do you own a motor vehicle which is required to be registered (Texas Transportation Code Section 502.002)?
  14. ( ) ( ) 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**

**FOR DEPARTMENT USE ONLY**

IDENTIFICATION PRESENTED	DRIVER EDUCATION	OUT OF STATE STATUS
( ) Out of State # _____	( ) Classroom Only	( ) O/S Attached
( ) Birth Certificate State _____	( ) Concurrent	( ) O/S Lost
County _____ # _____	( ) Laboratory	( ) O/S verified
( ) Passport Country _____	( ) Motorcycle 20 hour	( ) Documentation
# _____	( ) Comparable other state _____	
( ) Other _____	( ) TEA Certificate presented, Diploma or GED	( ) Vision Passed
Social Security Number Verified by _____	( ) Vision Passed 20/____R 20/____L 20/____B	20/____R 20/____L 20/____B
Documentation _____	( ) Written Passed	( ) Test(s) Waived - VOS

**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? 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 solemnly swear or affirm that the information provided herein is true and correct and that I am the person named on this application. 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 or affirm that the above named applicant is my ( ) child ( ) stepchild ( ) ward; and that I have legal custody of the applicant. I further certify that the information in this application is true and correct. 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 \_\_\_\_\_ DLEmployee \_\_\_\_\_ # \_\_\_\_\_

**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.