



Learner's Permit Checklist

You will need the forms below when you apply for the Learner's Permit or you **will be turned away.**

1. **Verification of Enrollment Form** - Must have received this within the last 30 days. This comes from your public or private school. Homeschoolers will have parent sign.
2. **DL-14A - Application for Driver License** - You can fill this out now, or wait until you get to the DPS. Do not sign this, the DPS office will verify your signature.
3. **Birth Certificate (Original)**
4. **Social Security Card**
5. **Proof of Residency** - The parent must show 2 forms of proof of residency.
6. **DE-964E Form** – If you paid for the DPS test you should have a certificate that shows that you passed your test. It will show 2 P's (Pass) in the field. If you didn't pay for the test, your certificate will not have either of the P's. You will take the test at the DPS office.



DL-14B - TEXAS DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION (MINOR - UNDER 17 YEARS 10 MONTHS OF AGE)

NOTICE: All information on this application must be in INK. Applications held for 90 days only.
DPS CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED.

FOR DEPARTMENT USE ONLY
RESTRICTIONS/ENDORSEMENTS

ASSIGNED # _____

Application for: ☐ Driver License ☐ Identification Card Class (select one): ☐ A ☐ B ☐ C Motorcycle: ☐ Y ☐ N
Select one: ☐ Original ☐ Renewal ☐ Replacement ☐ Address or Name Change

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
Suffix: _____ Birth Surname (Maiden): _____ SSN: _____ - _____ - _____
Date of Birth (mm/dd/yyyy): ____/____/____ Sex (select one): ☐ Male ☐ Female Height: ____ Ft. ____ In. Weight: _____
Eye Color (select one): ☐ Blue ☐ Brown ☐ Gray ☐ Hazel ☐ Green ☐ Black ☐ Maroon ☐ Pink
Hair Color (select one): ☐ Black ☐ Red ☐ Gray ☐ Brown ☐ Blonde ☐ Bald ☐ White
Race (select one): ☐ (AI) Alaskan or American Indian ☐ (AP) Asian or Pacific Islander ☐ (BK) Black ☐ (W) White
Ethnicity (select one): ☐ (H) Hispanic Origin ☐ (O) Not of Hispanic Origin ☐ (U) Unknown
Place of birth: City: _____ State: _____ County: _____ Country: _____
Father's Last Name: _____ Mother's Maiden Name: _____

CONTACT INFORMATION

Residence Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Home Phone: _____ Other Phone: _____ Email: _____

In the event of injury or death would you like to provide up to two (2) emergency contacts? If yes, please list:

a) Name _____ Phone Number _____ Address _____
b) Name _____ Phone Number _____ Address _____

REQUIRED INFORMATION FROM ALL APPLICANTS

YES NO

- ☐ ☐ Are you a citizen of the United States?
- ☐ ☐ Do you have a health condition that may impede communication with a peace officer? (physician must complete form DL-101).
- ☐ ☐ Would you like to register as an organ donor?
- ☐ ☐ Do you want to donate \$1.00 to the Blindness Education Screening and Treatment Program?
- ☐ ☐ 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.
- ☐ ☐ Do you want to support Texas Veterans? If yes, please indicate a donation amount of \$1 or more \$_____.00.
- ☐ ☐ 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).
- ☐ ☐ Do you want to support the issuance of a DL/ID for foster or homeless youth? If yes, please indicate a donation amount of \$1 or more \$_____.00 to exempt this population from paying any fees.

REQUIRED INFORMATION FROM DRIVER LICENSE APPLICANTS ONLY (FOR CONFIDENTIAL USE OF THE DEPARTMENT ONLY)

MEDICAL HISTORY QUESTIONS

YES NO

- ☐ ☐ 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 the 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 your medical condition: _____
- ☐ ☐ Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, how? Please explain: _____
- ☐ ☐ Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
- ☐ ☐ Do you have diabetes requiring treatment by insulin?
- ☐ ☐ 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?
- ☐ ☐ Within the past two years have you been treated for any other serious medical conditions? Please explain: _____
- ☐ ☐ Have you **EVER** been referred to the Texas Medical Advisory Board for Driver Licensing?

REQUIRED INFORMATION FROM FIRST TIME DRIVER LICENSE APPLICANTS ONLY**DRIVER HISTORY INFORMATION**

YES NO

- 1.
- ☐
- ☐
- Have you ever had a driver license, identification card or instruction permit in Texas or any other state?

List state(s): _____

Number(s): _____ When? _____

- 2.
- ☐
- ☐
- Are you enrolled in or have you completed an approved driver education course?

- 3.
- ☐
- ☐
- Is your driver license or driver privilege
- CURRENTLY**
- or
- EVER**
- been suspended, revoked, cancelled, denied or disqualified in
- ANY**
- state?

State? _____ When? _____ Why? _____

VEHICLE REGISTRATION AND INSURANCE INFORMATION

- 1.
- ☐
- ☐
- Do you own a motor vehicle that is required to be registered? (Texas Transportation Code section 502.040)

- 2.
- ☐
- ☐
- Do you own a motor vehicle that 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)

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

I hereby acknowledge receipt of this information.

Minor Applicant_____
Parent/Legal Guardian_____
Date of Receipt**PARENTAL/WAIVER OF PARENTAL AUTHORIZATION (CERTIFY TO ONE AUTHORIZATION ONLY)****PARENTAL AUTHORIZATION**

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 (*select one*): ☐ child ☐ stepchild ☐ ward, and that I have legal custody of the applicant. I authorize the Department of Public Safety to issue a Class (*select one*): ☐ A, ☐ B, ☐ C, or ☐ M license to said minor. The Department can access the said minor's school enrollment 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 for at least 20 consecutive instructional days. This parental authorization applies to all renewal and replacement driver license transactions until the minor's 18th birthday, unless rescinded.

Usual Written Signature of Parent or Guardian_____
Driver License Number_____
Date**WAIVER OF PARENTAL AUTHORIZATION**

I am a minor not required to have parental authorization to be issued a Class (*select one*): ☐ A, ☐ B, ☐ C, or ☐ M license because I am presenting a (*select one*): ☐ marriage certificate, ☐ divorce decree, ☐ other satisfactory evidence of marriage or having been married, ☐ or court order showing removal of disabilities of minority.

Signature of Applicant_____
DL Employee Signature_____
Acid

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.

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

Disclosure of your social security account number is mandatory for identification card and driver license applicants, but voluntary for election identification certificate applicants. This information is solicited pursuant to 42 U.S.C. section 405(c)(2)(C)(i), 42 U.S.C. section 666(a)(13)(A), 6 C.F.R. section 37.11(e), 49 C.F.R. section 383.153, Texas Family Code section 231.302(c)(1), and Texas Transportation Code sections 521.142 and 522.021. The Department will use social security number information for identification purposes and will only release the number as statutorily authorized by Texas Transportation Code section 521.044.

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 (*select 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.

X Signature of Applicant _____ Date _____

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

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

Verification of Enrollment and Attendance (VOE) Form

Planned Use of Data: To provide documentation of enrollment and attendance status to the Texas Department of Public Safety (DPS) for a student applying for an instruction permit and/or a license to operate a motor vehicle. The student presents the completed form to DPS. **DO NOT** return this form to the Texas Education Agency.

Authority: The Texas Transportation Code (TRC) requires students who have not obtained a high school diploma or its equivalent to be enrolled in a public, charter, home, or private school; GED Program; or Institution of Higher Education and meet specific enrollment conditions to obtain or renew a license. This requirement applies to persons under 18 years of age.

Contacts: Contact local DPS driver license office or DPS Headquarters website: www.txdps.state.tx.us and e-mail: pio@txdps.state.tx.us (512-424-2000) or Texas Education Agency website: www.tea.state.tx.us and e-mail: lbauer@tea.state.tx.us (512-463-9574).

Issuing VOE Forms: The issuance or denial of the VOE form is strictly a local school, charter, GED program, or institution decision. Neither TEA nor DPS can alter a VOE decision. Schools, Charters, GED programs, and institutions of higher education can impose and enforce conditions and restrictions on enrollment and attendance as it pertains to VOE eligibility that exceed minimum restrictions defined by law and rule. **It is recommended that schools, charters, GED programs, and institutions of higher education clearly outline all requirements for issuance of the VOE form and establish a formal, published policy to support the requirements.** The VOE form does not have to be signed by the student in the presence of the person certifying attendance. The signature of the student can be placed on the form before or as it is presented to DPS. NOTE: Texas Education Code 25.092 (excepted), Minimum Attendance for Class Credit, states that a student may not be given credit for a class unless the student is in attendance for at least 90 percent of the days the class is offered. The 90 percent attendance rule applies when determining VOE eligibility. Schools can accept decisions of attendance committees when considering VOE eligibility. Summer school does not count as make-up time for attendance purposes unless the attendance committee makes summer school attendance a part of a student's plan to make up days missed. For students in grades eight and below, absences may be aggregated on the basis of a scholastic year. For students in grades 9-12, absences may be aggregated on the basis of a scholastic semester (traditional, condensed, accelerated, block, etc.). **THE STUDENT SHOULD BE CONSIDERED ELIGIBLE FOR THE VOE FORM WHEN 1) the school considers the student currently enrolled at the time the student applied for the VOE forms AND 2) the school awarded a student credit for each class the semester prior to application for the VOE form OR the student was not awarded credit for each class the semester prior to application for the VOE form (academic failure).** The school examines attendance records for the semester prior to application for the VOE form and determines that the student was present 90 percent of the time each class was offered **OR** the student was absent more than 10 percent and did not meet the 90 percent attendance rule for one or more classes the semester prior to application for the VOE form. The school attendance committee and/or administration approve a plan to allow the student to reinstate the credit for all classes. The student complies with the plan and credit for all classes the semester prior to application for the form is reinstated.

A student must meet one of the following requirements to receive the VOE form. The individual certifying attendance verifies on behalf of the school, program, or institution the following as true and correct by marking the appropriate box and affixing a legal signature to this form.

- ☐ **Public, charter, home, or private schools:** The public, charter, home, or private school should mark this box and issue the form to any student who is (1) currently enrolled (2) who met minimum attendance for class credit (90 Percent Rule) in each class they were enrolled in the fall or spring semester immediately preceding the date of application for the form.
- ☐ **GED programs:** GED programs mark this box and issue the form to any student who (1) is currently enrolled, (2) has been enrolled in the program for a minimum of 45 calendar days, and (3) is meeting the attendance requirements prescribed by the GED program.
- ☐ **Institutions of higher education:** Institutions mark this box and issue the form to students who have not obtained a diploma or its equivalent but are enrolled and attending as prescribed by the institution. Note: Institutions can issue a letter signed by an official of the institution stating that (1) the student is currently enrolled and (2) the student is meeting the institution's attendance requirements instead of issuance of this form.

Typed or Printed Name of Student

Date

Student Signature

Typed or Printed Name and Title of
Administrator/DesigneeArea Code &
TelephoneIssuance Date
/ /
Month Day Year

Administrator/Designee Signature

The VOE Forms issued during the school year (traditional, year round, etc.) expire 30 days from issuance.
The VOE Forms issued the last 5 days of the school year expire the first day of the following school year.

Schools may personalize and/or develop their own VOE form provided all pertinent information contained on this form is incorporated.
THE VOE DOCUMENT IS A GOVERNMENT RECORD AS DEFINED UNDER TEXAS PENAL CODE, 37.01(2). ANY MISREPRESENTATION BY THE APPLICANT OR PERSON ISSUING THE FORM MAY RESULT IN DENIAL OF AN APPLICATION FOR A TEXAS DRIVER'S LICENSE AND/OR CRIMINAL PROSECUTION.



Texas Residency Requirement for Driver Licenses and ID Cards

To verify Texas residency, an individual must present two documents from the drop down menu below. Both documents must contain the individual's name and residential address. One of the documents must verify that the individual has lived in Texas for at least 30 days. This 30-day requirement is waived for individuals who are surrendering a valid, unexpired driver license from another state.

Individuals who are unable to provide two acceptable documents may be eligible to complete a Texas Residency Affidavit.

Residency Documents

Any of the following documents will be accepted to verify an individual's Texas residency. The two documents provided must be issued by different companies or agencies. For example, an individual may not use a water bill and an electricity bill from the same company.

- Current deed, mortgage, monthly mortgage statement, mortgage payment booklet or a residential rental/lease agreement
- Valid, unexpired Texas voter registration card
- Texas motor vehicle registration or title
- Texas boat registration or title
- Texas concealed handgun license
- Utility statement (including electric, water, natural gas, satellite TV, cable TV or noncellular phone bill) dated within 90 days of the date of application
- Selective Service card
- Medical or health card
- Current homeowner's or renter's insurance policy or homeowner's or renter's insurance statement
- Current automobile insurance policy or an automobile insurance statement
- Texas high school, college or university report card or transcript for the current school year
- W-2 or 1099 tax form from the current tax year
- Mail from financial institutions; including checking, savings, investment account and credit card statements dated within 90 days of the date of application
- Mail from a federal, state, county or city government agency dated within 90 days of the date of application
- Current automobile payment booklet
- Pre-printed paycheck or payment stub dated within 90 days of the date of application
- Current documents issued by the U.S. military indicating residence address
- Document from the Texas Department of Criminal Justice indicating the applicant's recent release or parole
- Current Form DS2019, I-20 or a document issued by U.S. Citizenship and Immigration Services

Residency Requirement Waived

The residency requirement will be waived for individuals who are authorized to use an alternative address under the following circumstances:

1. Individuals subject to the Address Confidentiality Program (ACP) administered by the Attorney General of Texas
2. Judges or spouses of judges
3. Individuals currently incarcerated in a Texas Department of Criminal Justice facility

NOTE: Peace officers using an alternative address must still verify their Texas residency.

DPS COPY

TEXAS DRIVER EDUCATION CERTIFICATE

CONTROL NO. _____

Virtual Drive of Texas, LLC

FOR LEARNER LICENSE ONLY

Driver Education School ☐ Parochial / Private School ☐ Transfer ☐ Duplicate (Original Control #) _____

32 hours classroom instruction concurrent with laboratory

☐ 32 hours block classroom instruction

Has passed Class C-Road Rules and Class C-Road Signs examinations : Grade: Road Rules P Road Signs P

Must take vision exam with the Department of Public Safety

Under the concurrent schedule provision, if a student does not subsequently complete the required class instruction, the instructor must complete Form DL-42 and send it to Enforcement and Compliance Division of the Texas Department of Public Safety. The Department may then revoke the student's learner license.

Name: _____, _____ Date of Birth: _____ ☐ Male ☐ Female
Last First

I hereby certify that the person indicated has completed and passed at least (6) hours of driver education driving laws and procedures and is enrolled in a driver education approved by the TDLR.

Joel Massey
Signature of Licensed Driver Education Instructor

0857

TDLR Number

Virtual Drive Management, LLC

Name of School

Juan Snapp
Signature or Signature Stamp of Chief School Official

C-2636

Driver Education School Number

Date Issued

CUSTOMER SERVICE PHONE NUMBER: 806-352-9558

WARNING: You may commit a crime if you give this driver education certificate to the Department of Public Safety and you did not complete the course or if you put any information on this certificate that is not true. If you have reason to believe that the minimum requirements are not being met by this driving school, contact TDLR: PO BOX 12157 • Austin TX 78711 • (512) 463-6599

UNLAWFUL IF REPRODUCED OR ALTERED - INVALID IF VIRTUAL DRIVE SEAL IS NOT VISIBLE

TRANSFER: Fill out the applicable items on the front of this certificate before proceeding. Indicate the number of hours successfully completed in the spaces below. If the number of hours is nine or less, place a zero in front of the single digit number.

6 Classroom **0 Behind-the-wheel instruction** **0 In-car observation** **0 Simulator** **0 Multi-car**

Mail or transfer documentation to the school or parent/legal guardian indicated.
Include copies of the student's instruction records verifying the number of hours completed

TRANSFERRING TO: _____
Address _____

If you have reason to believe that the minimum requirements are not being met by this driving school, contact TDLR: PO BOX 12157 • Austin TX 78711 • (512) 463-6599

AFFIDAVIT: This portion of the Texas Driver Education Certificate is to be issued only when it is impossible for the student to obtain the signature of the certified instructor of the driver education course because of the instructor leaving the school or death or serious illness. Fill out the front of this certificate showing work completed and the name(s) of the instructor(s).

This is to certify that the signature and license number of the instructor who would have verified completion of the driver education course or the hours described hereon could not be obtained because _____

(Give specific reason why it is impossible for the actual instructor to sign)

I therefore affirm that the instruction described has been lawfully and satisfactorily completed as shown.

 Virtual Drive #2636

Signature of Chief School Official or TDLR PT Course Provider (required) Driver Education School # or TDLR PT Course # Date Issued