

APPLICATION FOR RENEWAL/REPLACEMENT/CHANGE
OF A TEXAS DRIVER LICENSE OR IDENTIFICATION CARD

(Replacement also called Duplicate)

DL or ID NUMBER _____

APPLICANT INFORMATION

LAST NAME: Lowe
FIRST NAME: Christian
MIDDLE NAME: Gabriel
SUFFIX: Jr.

MAIDEN NAME: _____

DATE OF BIRTH (mm/dd/yyyy): 7 - 17 - 1995

SSN: somerand - _____ - _____

SEX: (Mark One) ☐ MALE ☐ FEMALE WEIGHT: lbs. _____

EYE COLOR: _____ HEIGHT: ft. _____ in. _____

RACE/ETHNICITY: _____ (I) American Indian/Alaska Native
(A) Asian/Pacific Islander (B) Black (H) Hispanic (O) Other (W) White

CONTACT INFORMATION

HOME PHONE: _____

OTHER PHONE: _____

EMAIL: _____

ADDRESS INFORMATION

RESIDENCE ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ COUNTY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ COUNTY: _____

INFORMATION FORM (ALL APPLICANTS please answer questions 1 through 10)

- | | 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 _____ |

For all Driver License Renewals complete MEDICAL questions 11 to 17. Answers to the questions below are for the confidential use of the Department.

11. ☐ ☐ 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

If you answered YES above, has your condition ☐ IMPROVED or ☐ DETERIORATED since your last application for an original/renewal remake of your driver license?

12. ☐ ☐ Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, please explain: _____
13. ☐ ☐ Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
14. ☐ ☐ Do you have diabetes requiring treatment by insulin?
15. ☐ ☐ 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?
16. ☐ ☐ Within the past two years, have you been treated for any other serious medical conditions?
Explain: _____
17. ☐ ☐ Have you EVER been referred to the Texas Medical Advisory Board for Driver Licensing?

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>.

I do solemnly swear, affirm, or certify that I am the person named herein and that the statements on this information form 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.