



TEXAS DRIVER RECORD

ORDER INSTRUCTIONS:

OUR SERVICE:

If you order your driving record directly from the Texas DPS, you can wait up to ONE MONTH to receive your driving record in the mail.

I DRIVE SAFELY offers express processing for \$24.95 (includes the DPS record fee). Upon receipt of your completed application (Form DR-1), we will hand deliver your record order to DPS within 1 - 2 business days. Once filed, a printout of your driving record will be mailed within 7 - 14 business days.

TO PLACE YOUR ORDER:

1. Read the DRIVER RECORD REFUND POLICY located on the bottom portion of this page.
2. Complete page 2 of the document: Form DR-1 – “**APPLICATION FOR COPY OF DRIVING RECORD.**” Be sure to complete **ALL SECTIONS NOTED BY ARROWS** and **SIGN THE FORM** in the bottom sections labeled “INDIVIDUAL’S WRITTEN CONSENT” and “STATE & FEDERAL LAWS REQUIRES REQUESTORS TO AGREE TO THE FOLLOWING.”

SPECIAL NOTE: When completing Form DR-1, please PRINT or TYPE all information carefully and legibly using BLACK INK ONLY. Blue ink and felt tip markers lose clarity in transmission when faxed. **Forms submitted incomplete, incorrectly completed, without the required signatures or with information that is difficult to read may cause delays in processing or in the delivery of your record.**

3. **FAX COMPLETED FORMS TO: (760) 744-3072.**

OR MAIL COMPLETED FORMS TO THE FOLLOWING ADDRESS:

**I DRIVE SAFELY,
283 4th st Unit 301
Oakland, CA 94607**

IMPORTANT: DO NOT SEND YOUR PAYMENT OR APPLICATION DIRECTLY TO THE TEXAS DEPARTMENT OF PUBLIC SAFETY. IF YOU DO SO, I DRIVE SAFELY WILL BE UNABLE TO PROCESS YOUR ORDER.

DRIVER RECORD REFUND POLICY

All sales are final upon receipt of the completed application on page 2 of this document (DR-1). Upon submission of the application by the customer, the \$24.95 driver record fee is no longer refundable. However, customers may still be eligible for a refund of the course enrollment fee, should the customer choose to cancel the course enrollment. Canceling course enrollment will not stop service on your driver record request. Any completed application (Form DR-1) received by I DRIVE SAFELY, along with the \$24.95 driver record service fee, shall be processed and fulfilled.

Driver record service fees shall be refunded to the customer if the request is made prior to the submission of a completed application (Form DR-1).

TEXAS DPS
APPLICATION FOR COPY
OF DRIVER RECORD



DR-1 (Rev. 5/04)

MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246

Make **CHECK** or **MONEY ORDER** Payable To:
TEXAS DEPARTMENT OF PUBLIC SAFETY

Any questions regarding the information on this form should be directed to
Customer Service at 512-424-2600. Allow 2-3 weeks for delivery

Check Type of Record Desired

FEE

- | | |
|--|-------------------------------|
| <input type="checkbox"/> 1. Name - DOB - License Status - Latest Address | \$ 4.00 |
| <input type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period. | \$ 6.00 |
| <input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course | \$ 10.00 |
| <input type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY. | \$ 7.00 |
| <input checked="" type="checkbox"/> 3A. Certified version of #3. Furnished to Licensee ONLY and is Acceptable for DDC Course. | \$ 10.00 |
| <input type="checkbox"/> Other: (Original Application, DWLS, etc.) _____ | \$ _____ .00
(If Required) |

Mail Driver Record To: (Please Print or Type)

Requestor's LAST Name

Requestor's FIRST Name

Street Address

Texas Driver License Number

City

State

Zip Code

Daytime Telephone Number (include area code)

If requesting on behalf of a business, organization, or other entity, please include the following:

IdriveSafely.com

Name of business, organization, entity, etc.

Administration

Your title or affiliation with above

Driving Safety Course Provider

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigator, firm, etc.)

Information Requested On:

Texas Driver License Number

Requestor's LAST Name

Requestor's FIRST Name

Middle Name/Maiden Name

Date of Birth - Month, Day, Year (MM/DD/YYYY)

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card hold, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID

Card record, inclusive of the personal information (name, address, driver identification number, etc.) to **Idrivesafely.com**.

Signature of License/ID

Card Holder or

Parent/Legal Guardian _____ Date _____

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date _____

**If you are not requesting a copy of your own record or do not have the written consent of
DL/ID holder, you must provide the information requested on the reverse.**