## APPLICATION FOR TEXAS DRIVER LICENSE OR IDENTIFICATION CARD FOR DEPARTMENT USE ONLY NOTICE: All information on this application must be in INK. Applications held only 90 days. RESTRICTIONS/ENDORSEMENTS DPS CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED. ASSIGNED # \_\_ APPLICATION for: DRIVER LICENSE COMMERCIAL DRIVER LICENSE (CDL) LEARNER LICENSE IDENTIFICATION CARD NON-RESIDENT COMMERCIAL DRIVER LICENSE Class (Circle) A B C M APPLICANT INFORMATION **CONTACT INFORMATION** LAST NAME: HOME PHONE: \_\_\_ FIRST NAME: \_\_\_ OTHER PHONE: \_\_\_ MIDDLE NAME: \_\_\_\_\_ FMAII: SUFFIX: ADDRESS INFORMATION MAIDEN NAME: \_\_\_\_\_ RESIDENCE ADDRESS: \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_ \_ \_ \_ \_\_\_ \_\_\_\_\_ STATE: \_\_\_\_\_ \_\_ - \_\_\_ \_\_\_\_\_ COUNTY: \_\_\_ SEX: (Circle One) MALE FEMALE ZIP CODE: \_\_\_\_ EYE COLOR: \_\_ \_ HAIR COLOR: \_\_\_ MAILING ADDRESS: \_\_\_ RACE/ETHNICITY: \_\_\_\_\_ (I) American Indian/Alaska Native (A) Asian/Pacific Islander (B) Black (H) Hispanic (O) Other (W) White ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_ HEIGHT: ft. \_\_\_\_\_ in. \_\_\_\_ WEIGHT: lbs. \_\_\_\_\_ \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_ PLACE OF BIRTH: CITY: \_\_\_\_\_ \_\_\_\_\_ COUNTY: \_\_\_\_ FATHER'S LAST NAME: \_\_\_\_\_ \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_ REQUIRED INFORMATION FROM ALL APPLICANTS YES NO 1. Are you a citizen of the United States? 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. Do you wish to donate \$1.00 to the Blindness Education Screening and Treatment Program? Do you wish to donate \$1.00 to the Glenda Dawson Donate Life - Texas Registry? Would you like to register as an organ donor? 5. Do you want to support Texas Veterans? If yes, please indicate your donation amount \$\_\_\_ 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). 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) b) Are you a 60% disabled Veteran receiving compensation and want to waive the application fee? (see 8a for documents required) In the event of injury or death would you like to provide two (2) emergency contacts? If yes, please list: \_\_\_\_\_ Telephone Number \_\_\_\_\_ Address \_\_\_ b) Name \_\_\_\_\_\_ Telephone Number \_\_\_\_\_ Address \_\_\_\_ Have you ever had a Texas identification card? Number \_\_\_\_\_ 10. Have you ever had a driver license or instruction permit in Texas? Number \_\_\_\_\_\_ When? \_\_\_\_\_ Have you ever had a license or instruction permit in any other state? List state(s) Number(s) \_ REQUIRED INFORMATION FROM DRIVER LICENSE APPLICANTS YES NO **DRIVING HISTORY INFORMATION** Are you enrolled in or have you completed an approved driver education course? Is your driver license or driver privilege CURRENTLY or EVER been suspended, revoked, canceled, denied or disqualified in ANY state? 14.

## **UNITED STATES SELECTIVE SERVICE**

VEHICLE REGISTRATION AND INSURANCE INFORMATION

Do you own a motor vehicle which is required to have liability insurance OR other proof of financial responsibility in compliance with the

\_\_\_\_\_ Why? \_

When?

Motor Vehicle Safety Responsibility Act (Texas Transportation Code Section 601.051)?

Do you own a motor vehicle which is required to be registered (Texas Transportation Code Section 502.040)?

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.

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	YES	NO		AL HISTORY QUESTIONS		
1.	Ш		Do you currently have or have you ever been diagr	nosed with or treated for any	medical condition that may affect your ability to	safely
	MDLE	-c :	operate a motor vehicle?	w hoort trouble atralia homow	whose or elete high blood processes comply some	(v.v.i+b.i.o.
			<ul> <li>cluding but not limited to: Diagnosis or treatment fo</li> <li>progressive eye disorder or injury (i.e., glaucoma, n</li> </ul>			
			f consciousness or body control (within the past two ye			
			ate hand/eye coordination • medical condition that affe			/// CI
			and identify medical condition:	oto your jaago.n. aooo		
2.		П	Do you have a mental condition that may affect your a	ability to safely operate a motor	vehicle? If yes, please explain:	
3.	П	П	Have you ever had an epileptic seizure, convulsion, I	loss of consciousness, or othe	er seizure?	
4.	H	H	Do you have diabetes requiring treatment by insulin?		, co. <u>_</u> a.o.	
5.	$\vdash$	H	Do you have any alcohol or drug dependencies that r		y operate a motor vehicle or have you had any en	icodoc
J.	Ш	Ш	of alcohol or drug abuse within the past two years?	may affect your ability to safety	y operate a motor vehicle of have you had any ep	130005
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6.			Within the past two years have you been treated for	any other serious medical con	iditions? Please explain:	
7.			Have you <b>EVER</b> been referred to the Texas Medical	Advisory Board for Driver Lice	ensing?	
NO	TICE:	The	information on this application is required by the Texa	s Driver License Act, Texas Tr	ransportation Code Chapter 521. Failure to provide	de the
info	ormatio	on is o	cause for refusal to issue a driver license or identifica	tion card, and in some cases,		
			uld also lead to criminal charges with penalties of a fine			
Do	NOT	SIGN	BELOW UNTIL INSTRUCTED TO DO SO BY NOTAR	Y PUBLIC OR DRIVER LICE	NSE EMPLOYEE.	
			С	ERTIFICATION		
I d	o sole	emnlv	swear, affirm, or certify that I am the person na	med herein and that the sta	atements on this application are true and co	rrect.
	urther		ify my residence address is a (check one): ( )		) apartment, ( ) motel, ( ) temporary sh	eitei.
			ify my residence address is a (check one): ( ) nediately report to the Texas Department of Public S	single family dwelling, (		
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## SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

Disclosure of your social security account number is mandatory for identification card and driver license 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 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, the Texas Secretary of State and the Health and Human Services Commission for statutorily authorized purposes pursuant to Texas Transportation Code Section 521.044.