



DL-14A - TEXAS DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION (ADULT - 17 YEARS 10 MONTHS OF AGE AND OLDER)

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

Select one: ☐ Original ☐ Renewal ☐ Replacement

Class (select one): ☐ A ☐ B ☒ C ☐ Motorcycle: ☐ Y ☒ N

APPLICANT INFORMATION

Last Name: Doc First Name: Jane Middle Name: _____

Suffix: _____ Birth Surname (Maiden): _____ SSN: 123456789

Date of Birth (mm/dd/yyyy): 02/06/2021 Sex (select one): ☐ Male ☒ Female Height: 5 Ft. 1 In. Weight: _____ Lbs.

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: Houston State: TX County: Harris Country: USA

Father's Last Name: _____ Mother's Maiden Name: _____

CONTACT INFORMATION

Residence Address: 123 Main Street

City: Houston State: TX Zip Code: 77095 County: Harris

Mailing Address: _____ State: _____ Zip Code: _____ County: _____

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 John Doe Phone Number 123-456-7890 Address _____

b) Name _____ Phone Number _____ Address _____

Alternate Address: (Peace Officer or State / Federal Judge only)

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

REQUIRED INFORMATION FROM ALL APPLICANTS

YES NO

1. ☒ Are you a citizen of the United States? If no, go to question 3.

2. ☒ If you are a U.S. citizen, would you like to register to vote? If registered, would you like to update your voter information?
I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. PLEASE READ ALL THREE STATEMENTS TO AFFIRM BEFORE SIGNING.
I am a resident of the county provided above, and a U.S. citizen; I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; And I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. 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. ☒ Are you a veteran? If no, go to question 4.

a.) Are you a 60% disabled Veteran receiving compensation and want to waive the application fee? (Proof of disability required)

b.) Do you want a Veteran designator on your DL or ID, or

c.) Are you 50% disabled or are you 40% and have had a lower extremity amputated and want a Disabled Veteran designator on your DL or ID? (Proof of honorable discharge required; some acceptable documents are DD214/215, NGB22, VA disability letter, Veteran Identification card, proof of service/verification of honorable service card. Proof of disability is required for Disabled Veteran designator)

d.) If you want a Veteran or Disabled Veteran designator, do you want the branch of service shown on your DL or ID? If yes, select one:

_____ Army _____ Air Force _____ Coast Guard _____ Marines _____ Navy

4. _____ Do you have a health condition that may impede communication with a peace officer? (Physician must complete form DL-101).

5. _____ Would you like to register as an organ donor?

6. _____ Do you want to donate \$1.00 to the Blindness Education Screening and Treatment Program?

7. _____ 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.

8. _____ Do you want to support Texas Veterans? If yes, please indicate a donation amount of \$1 or more \$_____.00.

9. _____ 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).

10. _____ 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.