OUT OF STATE/COUNTRY APPLICATION

RIS-50 (Rev. 4/11)

DL/ID NUMBER **CLASS** **RESTRICTION**

LAST NAME

FIRST NAME

MIDDLE (MAIDEN) NAME

ADDRESS

CITY

STATE **ZIP CODE** —

MAIL ADDRESS (IF DIFFERENT)

CITY

STATE **ZIP CODE** —

COUNTY

DOB — — **US CITIZEN (Y/N)**

SEX **EYES** **HEIGHT** **WEIGHT** **VOTER (Y/N)**

SOCIAL SECURITY NUMBER — —

*** NOTE:** DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY, AND IS BEING COLLECTED PURSUANT TO 42 U.S.C. 405, TRC 521, AND TRC 522. INFORMATION ON A DRIVER LICENSE APPLICATION RELATING TO THE APPLICANT'S SOCIAL SECURITY NUMBER MAY BE RELEASED TO AND USED BY THE DEPARTMENT, THE CHILD SUPPORT ENFORCEMENT DIVISION OF THE ATTORNEY GENERALS' OFFICE, OR ANOTHER STATE ENTITY RESPONSIBLE FOR ENFORCING THE PAYMENT OF CHILD SUPPORT. THE DEPARTMENT MAY NOT PRINT THE NUMBER ON A DRIVER LICENSE. THE DEPARTMENT WILL NOT PRINT THE SOCIAL SECURITY NUMBER ON ANY DRIVING RECORD OR INFORMATION LISTING OTHER THAN THOSE USED SOLELY FOR DEPARTMENT USE OR IN THE ENFORCEMENT OF PAYMENT OF CHILD SUPPORT.

PLEASE SIGN WITHIN THE BRACKETS

INSTRUCTIONS

Use a **black** pen for all items.

1. Indicate if you have a Texas Driver License (hard copy) in your possession at this time. _____ Yes _____ No

2. Fill in the information on the reverse side of this form. Use one letter or number per box. Answer Voter and U.S. Citizen questions with a "Y" for Yes or an "N" for No. Eye Color: Blue = Blu, Green = Grn, Hazel = Hzl, Gray = Gry, Brown = Brn, Black = Blk.

3. Located on the reverse side of this form, a space is provided for you to sign. Sign with your usual signature within the brackets.

4. Indicate the type of license desired and return with fee to:

Record and Issuance Services
Box 15999
Austin, Texas 78761-5999

	FEES	EXPIRATION	
Class A,B,C NON-CDL	$24.00	6 years	☐
Class M (or combination)	$32.00	6 years	☐
Duplicate (DL/ID)	$10.00	Current exp. date	☐
Provisional A,B,C NON-CDL	$15.00	Next DOB	☐
Provisional M (or combination)	$23.00	Next DOB	☐
ID (60 yrs & over)	$ 5.00	Indefinite	☐
ID (under 60 yrs)	$15.00	6 years	☐

*** BLINDNESS EDUCATION:** All applicants who apply for an **original** or **renewal** of their driver license/ID card may voluntarily pay an additional fee of $1.00 to be dedicated to establish a fund for a Blindness Education, Screening, and Treatment Program.

☐ **Additional $1.00 included**

*** GLENDA DAWSON DONATE LIFE – TEXAS REGISTRY:** All applicants who apply for an **original** or **renewal** of their driver license/ID card may voluntarily pay an additional fee of $1.00 to be dedicated to establish a fund for the Glenda Dawson Donate Life – Texas Registry.

☐ **Additional $1.00 included**

5. Applicants for renewal of a license must submit the results of a vision test conducted by an eye specialist or authorized driver license personnel from another jurisdiction on a DL-63 (Explanation for Eye Specialist) form.

6. Be sure the DL-43 (Texas Driver License & Identification Renewal - Duplicate Application) is attached and completed.

Questions regarding completion of applications should be directed to the Record and Issuance Services at 512/424-2234 or 512/424-2582.

INFORMATION FORM (ALL APPLICANTS please answer questions 1 through 4) DL-43 (Rev. 10/09)

YES NO

1. ( ) ( ) Are you a citizen of the United States?

2. ( ) ( ) Would you like to complete a voter registration application form today? You must be eligible.

3. ( ) ( ) Do you have a health condition that may impede communication with a peace officer? If yes, please list on line below.

_____ **(Must complete form DL-101)**

4. ( ) ( ) 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 Program?

( ) ( ) Would you like to register as an organ donor?

( ) ( ) Do you consent to the release of your name, date of birth, driver license number and recent address to the statewide internet-based registry of organ, tissue and eye donors and for release to qualified organ, tissue and eye bank organizations?

For all Driver License Renewals complete MEDICAL questions 5 to 11. The answers to the questions below are for the confidential use of the department.

5. ( ) ( ) 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**", has your condition changed since you last made application for an original, renewal or duplicate driver license? ( ) YES ( ) NO
If "**Yes**", has your condition ( ) IMPROVED ( ) DETERIORATED?

6. ( ) ( ) Within the past two years have you been diagnosed with, been hospitalized for or are you now receiving treatment for a psychiatric disorder?

7. ( ) ( ) Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?

8. ( ) ( ) Do you have diabetes requiring treatment by insulin?

9. ( ) ( ) 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?

10. ( ) ( ) Within the past two years, have you been treated for any other serious medical conditions? Explain. _____

_____

11. ( ) ( ) Have you EVER been referred to the Texas Medical Advisory Board for Driver Licensing?

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 : ( ) single family dwelling, ( ) apartment, ( ) motel, ( ) temporary shelter. (check one) 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.

SIGNATURE OF APPLICANT	DATE	DL or ID NUMBER	PHONE NUMBER

RESIDENCE ADDRESS, CITY, STATE, ZIP CODE	COUNTY OF RESIDENCE	MAILING ADDRESS IF DIFFERENT

FORMA DE INFORMACION (Todas los Aspirantes Por Favor Contesten Preguntas **1 ha 4)**

SI NO

1. ( ) ( ) ¿Es usted Ciudadano de Los Estados Unidos?

2. ( ) ( ) ¿Le gustaria llenar la forma de registro de votante hoy? Tiene que ser elegible.

3. ( ) ( ) ¿Tiene usted condiciones medicas que puedan impedir la comunicación con un official de la policia? Si "sí", liste por favor.

_____ **(Tendra que Llenar forma DL-101)**

4. ( ) ( ) ¿Desea usted donar $1.00 a el Programa, de Educación, Análsis y Tratamiento de lal Ceguera?

( ) ( ) ¿Desea usted donar $1.00 a el Programa Glenda Dawson registro de donacion de Texas?

( ) ( ) ¿Desea registrarse como un donante de órganos?

( ) ( ) ¿Desea usted dar permiso de admitir su nombre, fecha de nacimiento, numero de licencia, y domicilio ha el registro de la internet estatal de donaciones anatomicos y permitir acceso ha organizaciones de piel, organos, y ojos que qualifican en este programa?

Todos los aspirantes que renevan licencia de manejar por favor de contestar prejuntas 5 ha 11.
Las respuestas de las siguientes preguntas son para el uso del Departamento.

5. ( ) ( ) ¿Ha recibido Ud. tratamiento médico o se le ha diagnosticado con alguna condición médica que pudiera afectar su habilidad de conducir un vehículo de motor con seguridad?
Por ejemplo: Diagnóstico o tratamiento de paros cardiácos, embolias, hemorragias o cóagulos de sangre, alta presión, enfisema (en los últimos dos años). Heridas o enfermedades oculares como la glaucoma or degeneracion muscular. Pérdida del uso normal de manos, brazos, pies o piernas. Desmayos, ataques o pérdida del conocimiento en los últimos dos años. Pérdida de control muscular. Rigidez de cuello o coyunturas. Falta de coordinación manual. Cualquier condición de salud que afecte su juicio. Mareos o vértigo. Falta de extremidades.

Si contestó "Si", ha cambiado su condición de salud desde la última vez que hizo usted una solicitud para obtener una licencia de conducir? ( ) SI ( ) NO
Si contestó "Si", su condition se ha ( ) MEJORADO ( ) DETERIORADO

6. ( ) ( ) ¿Se le ha diagnosticado, hospitalizado, o tratado por desordenes psiquíatricos en los ultimos dos años?

7. ( ) ( ) ¿Ha sufrido ataques epilépticos, convulciones, pérdida de conocimiento, o cualquier otro tipo de ataque?

8. ( ) ( ) ¿Tiene usted diabetis que requiera tratamiento a base de insulina?

9. ( ) ( ) ¿Tiene usted alguna adicción a las drogas o el alcohol que pudiera afectar su habilidad de conducir un vehíhulo de motor con seguridad o ha tenido usted algún episodio de abuso de alcohol o drogas en los últimos dos años?

10. ( ) ( ) ¿Ha recibido tratamiento médico por alguna otra enfermedad en los últimos dos años? Explique por favor. _____

_____

11. ( ) ( ) ¿Ha sido referido Ud. alguna vez al Consejo Médico Consultativo de Licencias de Conducir (MAB)?

Yo juro, afirmo, o certifico que soy la persona nombrada en esto y que las declaraciones en esta aplicación son verdaderas y correctas. Yo adelante certifico mi dirección de residencia es: ( ) habitacion de familia sencilla, ( ) apartamento, ( ) motel, ( ) sitio de refugio temporal. (Marque uno) y accedo a reportar inmediatamente al Departamento de Seguridad Pública cualesquiera cambios en mi condición médica que preden afectar mi habilidad para manejar sin peligro un vehículo automotor.

FIRMA DEL ASPIRANTE	FECHA	NUMERO DE LICENCIA O ID	NUMERO TELEFONO

DOMICILIO, CIUDAD, ESTADO, CODIGO	CONDADO DE RESIDENCIA	DIRECCION POSTAL (SI ES DIFERENTE)

UNITED STATES SELECTIVE SERVICE REGISTRATION

In accordance with Federal Law, any male United States citizen or immigrant who is at least 18 years of age but less than 26 years of age must register with Selective Service. 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 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.

All male applicants from the age of 18 but less than 26 years of age are required to provide a response to this form as part of the application process.

Would you like to register with the United States Selective Service System?

By providing an affirmative response, you are consenting to registration with the Selective Service System.

By providing a negative response, you WILL NOT be registering with the Selective Service System.

*******Please verify your response as recorded on your receipt*******

DL-15 (1/03)

UNITED STATES SELECTIVE SERVICE REGISTRATION

In accordance with Federal Law, any male United States citizen or immigrant who is at least 18 years of age but less than 26 years of age must register with Selective Service. 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 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.

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Would you like to register with the United States Selective Service System?

By providing an affirmative response, you are consenting to registration with the Selective Service System.

By providing a negative response, you WILL NOT be registering with the Selective Service System.

*******Please verify your response as recorded on your receipt*******

DL-15 (1/03)

REGISTRO PARA EL SERVICIO SELECTIVO

De acuerdo con la ley federal, todo varón ciudadano o inmigrante de 18 a 25 años de edad debe registrarse con el Sistema de Servico Selectivo de Los Estados Unidos. Usted debe estar registrado para poder obtener prestamos estudiantíles del gobierno federal (incluyendo la beca Pell), entrenamiento de trabajo, empleo federal o su ciudadanía si es que es inmigrante. En Texas, usted debe estar registrado antes de recibir ayuda económica del estado o empleo con una agencia estatal. El no registrarse con el Sistema de Servicio Selectivo es un delíto mayor con una condena de cinco años de prisión, $250,000 de multa o ambos castigos. Si no se ha registrado antes de cumplir los 26 años de edad, usted podría perder todos los beneficios aquí mencionados.

Todos los solicitantes varones de 18 a 25 años de edad deben contestar la siguiente pregunta.

¿Desea registrarse con el Servicio Selectivo de Los Estados Unidos?

Si responde afirmativamente, usted será registrado con el Servicio Selectivo

Si su respuesta es negativa, usted NO será registrado con el Servicio Selectivo

*******Favor de revisar su recibo para verificar su respuesta*******

REGISTRO PARA EL SERVICIO SELECTIVO

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Todos los solicitantes varones de 18 a 25 años de edad deben contestar la siguiente pregunta.

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Si responde afirmativamente, usted será registrado con el Servicio Selectivo

Si su respuesta es negativa, usted NO será registrado con el Servicio Selectivo

*******Favor de revisar su recibo para verificar su respuesta*******