



TEXAS DEPARTMENT OF PUBLIC SAFETY LIFETIME DISQUALIFICATION REINSTATEMENT

NOTICE: All information on this application must be in INK.

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH (mm/dd/yyyy) _____ DRIVER LICENSE NUMBER _____

SOCIAL SECURITY NUMBER _____ DRIVER EMAIL ADDRESS* _____

* By providing an email address, you consent to allowing the Department to contact you by email.

INSTRUCTIONS

Texas may reinstate any driver disqualified for life for offenses described below after 10 years, if that person has voluntarily entered and successfully completed an appropriate rehabilitation program approved by Texas (49 CFR Part 383.51, Texas Administrative Code Title 37 Part 1 Chapter 16 Subchapter C Rule 16.68, and Texas Transportation Code 522.082). Offenses not categorized as drug or alcohol-related do not have an established course requirement; therefore, course attendance is not required.

CERTIFICATION

I am requesting the opportunity to reapply for a commercial driver license after having served a lifetime disqualification for the following offense(s). It has been ten years since the date of my disqualification. (Note: Disqualification for human trafficking or a Felony involving manufacturing, distributing, or dispensing a controlled substance is not eligible for reinstatement). Select all that apply:

Being under the influence of alcohol

Being under the influence of a controlled substance

Having an alcohol concentration of 0.04 or greater while operating a CMV

Refusing to take an alcohol test as required under implied consent law or regulations

Leaving the scene of an accident

Using a vehicle to commit a felony other than a felony involving manufacturing, distributing, or dispensing a controlled substance

Driving a CMV when, as a result of prior violations committed operating a CMV, the driver's CLP or CDL is revoked, suspended, or canceled, or the driver is disqualified from operating a CMV

Causing a fatality through the negligent operation of a CMV including, but not limited to, the crimes of motor vehicle manslaughter, homicide by motor vehicle or negligent homicide

I DO SOLEMNLY SWEAR, AFFIRM, OR CERTIFY THAT I AM THE PERSON NAMED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION SUPPLEMENT ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE	DATE
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Sworn to and subscribed before me on this the _____ day of _____, _____

Notary Public or Authorized Officer

SUBMIT FORM TO:

Department Use Only

Texas Department of Public Safety
Issuance Services – CDL Help Desk
PO Box 4087
Austin, TX 78773-0320

Offense Date: _____
Conviction Date: _____
Disqualification Date: _____
Reviewed by: _____