

TEXAS DEPARTMENT OF PUBLIC SAFETY DRIVER IMPROVEMENT & COMPLIANCE BUREAU PO BOX 4087 AUSTIN, TX 78773-0001	DLNUMBER/CASE NO. _____ DLNumber/Case No _____ VOUCHER NO. _____ WARRANT NO. _____ MAILED _____ TAXPAYER'S OR SOCIAL SECURITY NO. _____
APPLICATION FOR RETURN OR SECURITY DEPOSITED UNDER SAFETY RESPONSIBILITY ACT	

The undersigned Depositer, personal representative of Name, being first duly sworn deposes and says:

That Name was involved in a motor vehicle accident on Acc Date, at Place Of Acc, Texas, and has on deposit with the State of Texas as security for any liability arising from such accident, a balance of \$Sec Balance.

(CHECK APPLICABLE PARAGRAPHS BELOW)

- () That there has been a final adjudication of non-liability on the part of _____, a certified copy of said judgment and a certificate that no appeal has been filed being attached thereto.
- () That two years have expired since the date of said accident and there is no action begun within two years after the date of the accident pending against _____ relative to said accident and no judgment rendered against _____ in any such action left unpaid.
- () That _____ has filed with the Department of Public Safety, a release from liability for said accident signed by all parties injured or damaged in said accident.
- () That a judgment entered against _____ in favor of
Name _____ Address _____
for damages arising out of said accident has been paid in full and that no other person was injured or damaged in said accident.

The undersigned makes this affidavit as proof to the Department of Public Safety that the undersigned is entitled to a return of said security.

Signed _____
Mailing _____
Address _____

Subscribed and sworn to me before this _____ day of _____, 20 _____.

Notary Public in and for _____
County, Texas