MEDICAL HISTORY QUESTIONS

YES  NO
1. ___ ___ Are you a citizen of the United States?
2. ___ ___ Do you have a health condition that may impede communication with a peace officer? (physician must complete form DL-101).
3. ___ ___ Would you like to register as an organ donor?
4. ___ ___ Do you want to donate $1.00 to the Blindness Education Screening and Treatment Program?
5. ___ ___ 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.
6. ___ ___ Do you want to support Texas Veterans? If yes, please indicate a donation amount of $1 or more $________.00.
7. ___ ___ 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).

REQUIRED INFORMATION FROM ALL APPLICANTS

APPLICATION CONTINUED ON BACK
REQUIRED INFORMATION FROM FIRST TIME DRIVER LICENSE APPLICANTS ONLY

DRIVER HISTORY INFORMATION

YES NO

1. ___ ___ Have you ever had a driver license, identification card or instruction permit in Texas or any other state?
   List state(s): _____________________________________________ When? __________________________

2. ___ ___ Are you enrolled in or have you completed an approved driver education course?

3. ___ ___ Is your driver license or driver privilege CURRENTLY or EVER been suspended, revoked, cancelled, denied or disqualified in ANY state?
   State? _____________________________________________ When? __________________________ Why? _____________________________________________________________________________________________

VEHICLE REGISTRATION AND INSURANCE INFORMATION

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

2. ___ ___ Do you own a motor vehicle which is required to have liability insurance OR other proof of financial responsibility in compliance with the Motor Vehicle Safety Responsibility Act? (Texas Transportation Code Section 601.051)

Texas law requires the Texas Department of Public Safety to provide every minor applicant (under age 18) and cosigner, for a driver license in Texas, educational information concerning state laws relating to distracted driving, driving while intoxicated, driving by a minor with alcohol in the minor's system, and the implied consent law. The minor applicant and cosigner must acknowledge receipt of this information prior to issuance of any driver license or permit.

I hereby acknowledge receipt of this information.

Minor Applicant _____________________________________________
Parent/Legal Guardian _____________________________________________
Date of Receipt __________________________

PARENTAL/WAIVER OF PARENTAL AUTHORIZATION (CERTIFY TO ONE AUTHORIZATION ONLY)

PARENTAL AUTHORIZATION

I do solemnly swear, affirm, or certify that I am the person named herein, that the statements on this application are true and correct, that the above named applicant is my (select one): ___child ___stepchild ___ward, and that I have legal custody of the applicant. I authorize the Department of Public Safety to issue a Class (select one): ___A, ___B, ___C, or ___M license to said minor. The Department can access the said minor’s school enrollment from the Texas Education Agency, and a school administrator or law enforcement officer is authorized to notify the Department if the said minor is absent for at least 20 consecutive instructional days. This parental authorization applies to all renewal and replacement driver license transactions until the minor’s 18th birthday, unless rescinded.

Usual Written Signature of Parent or Guardian _____________________________________________________________________________________________
Driver License Number __________________________ Date __________________________

WAIVER OF PARENTAL AUTHORIZATION

I am a minor not required to have parental authorization to be issued a Class (select one): ___A, ___B, ___C, or ___M license because I am presenting a (select one): ___marriage certificate, ___divorce decree, ___other satisfactory evidence of marriage or having been married, ___or court order showing removal of disabilities of minority.

Signature of Applicant _____________________________________________
DL Employee Signature _____________________________________________
Acid

NOTICE: The information on this application is required by the Texas Driver License Act, Texas Transportation Code Chapter 521. Failure to provide the information is cause for refusal to issue a driver license or identification card, and in some cases, cancellation or withdrawal of driving privileges. False information could also lead to criminal charges with penalties of a fine up to $4,000.00 and/or jail.

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

Disclosure of your social security account number is mandatory for identification card and driver license applicants, but voluntary for election identification certificate applicants. This information is solicited pursuant to 42 U.S.C. section 405(c)(2)(C)(ii), 42 U.S.C. section 666(a)(13)(A), 6 C.F.R. section 37.11(e), 49 C.F.R. section 383.153, Texas Family Code section 231.302(c)(1), and Texas Transportation Code sections 521.142 and 522.021. The Department will use social security number information for identification purposes and will only release the number as statutorily authorized by Texas Transportation Code section 521.044.

DO NOT SIGN BELOW UNTIL INSTRUCTED TO DO SO BY NOTARY PUBLIC OR DRIVER LICENSE EMPLOYEE.

CERTIFICATION

I do solemnly swear, affirm, or certify that I am the person named herein and that the statements on this application are true and correct. I further certify my residence address is a (select one): ___ single family dwelling, ___apartment, ___motel, ___temporary shelter. 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. I further understand that I am required by law to report any change of name or address to the Department of Public Safety within thirty days.

X Signature of Applicant _____________________________________________ Date __________________________

Sworn to and subscribed before me this _____________ day of __________________________, ____________

Notary Public in and for the State of Texas/Authorized Officer _____________________________________________________________________________________________