DL-14B - TEXAS DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION
(MINOR - UNDER 17 YEARS 10 MONTHS OF AGE)

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

Select one: ☐ **Original** ☐ **Renewal** ☐ **Replacement** ☐ **Modify** ☐ **Address or Name Change**

APPLICANT INFORMATION

Last Name:_____ First Name:_____ Middle Name:_____

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

Date of Birth *(mm/dd/yyyy)*:_____ Sex *(select one)*: ☐ Male ☐ Female Height: _____Ft. _____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:_____ State: _____ County:_____ Country: _____

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

CONTACT INFORMATION

Residence Address: _____

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

Mailing Address: _____

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

Primary Phone:_____ Cellular Phone*:_____ Email:_____

*Standard data and messaging rates may apply

In the event of injury or death would you like to provide up to two (2) emergency contacts? If yes, please list:

a) Name _____ Phone Number _____ Address _____

b) Name _____ Phone Number _____ Address _____

REQUIRED INFORMATION FROM ALL APPLICANTS

	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? Yes = Add/Keep my name on the Donate Life Texas Registry (Add/Keep Hero's Heart Symbol) No = Does not add your name to the Registry and does not remove your name if already registered* *By selecting no, you must remove your name from the Donate Life Texas registry at www.donatelifetexas.org/my-dlt/. Enter your information to gain access to your registration. By doing so, you will have the option to remove your name from the registry.
4.	☐	☐	Do you want to donate to the Blindness Education Screening and Treatment Program? If yes, please indicate a donation amount of $1 or more $_____.00
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 the testing of sexual assault evidence kits? If yes, please indicate a donation amount of $1 or more $_____.00.
8.	☐	☐	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.
9.	☐	☐	Do you want to donate to the Support Adoption Program? If yes, please indicate a donation amount of $1 or more $_____.00.

REQUIRED INFORMATION FROM DRIVER LICENSE APPLICANTS ONLY (FOR CONFIDENTIAL USE OF THE DEPARTMENT ONLY)

MEDICAL HISTORY QUESTIONS

	YES	NO	
1.	☐	☐	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 the 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 Please explain and identify your medical condition: _____
2.	☐	☐	Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, how? Please explain: _____
3.	☐	☐	Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
4.	☐	☐	Do you have diabetes requiring treatment by insulin?
5.	☐	☐	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?
6.	☐	☐	Within the past two years have you been treated for any other serious medical conditions? Please explain: _____
7.	☐	☐	Have you **EVER** been referred to the Texas Medical Advisory Board for Driver Licensing?

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, any other state or foreign jurisdiction?
   List state(s) or foreign jurisdiction(s): _____
   Number(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 that is required to be registered? (Texas Transportation Code section 502.040)
2. ☐ ☐ Do you own a motor vehicle that 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)(i), 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 _____

Digital/electronic signature is not permitted; an original ink signature is required

Sworn to and subscribed before me this _____ day of _____, _____

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