



TEXAS DEPARTMENT OF PUBLIC SAFETY DRIVER LICENSE DIVISION

Guide for First Time DL/ID Applicants





The Driver License Division Guide for First Time DL/ID Applicants is designed as a visual aid to guide you through the Driver License (DL) and Identification (ID) card application process.




Disclaimer: The images in the Guide for First Time DL/ID Applicants are examples of documents that may be required to obtain a DL or ID card.

Note:
Did you know?

As a first time Texas applicant, you will need to complete form DL-14A, the Application for Texas DL or ID card, before going to the office.

For more information, visit [DL-14A Application for Texas DL or ID card.](#)

 **DL-14A - TEXAS DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION**
(ADULT - 17 YEARS 10 MONTHS OF AGE AND OLDER)
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): ☐ (A) 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 _____

Alternate Address: (Authorized Personnel Only) _____
City: _____ State: _____ Zip Code: _____ County: _____

REQUIRED INFORMATION FROM ALL APPLICANTS

YES NO

1. ☐ Are you a citizen of the United States? If no, go to question 3.
2. ☐ If you are a U.S. citizen, would you like to register to vote? If registered, would you like to update your voter information?
I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to one year in jail, a fine up to \$4,000, or both. PLEASE READ ALL THREE STATEMENTS TO AFFIRM BEFORE SIGNING.
I am a resident of the county provided above, and a U.S. citizen; I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; And I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.
By providing my electronic signature, I understand the personal information on my application form and my electronic signature will be used for submitting my voter's registration application to the Texas Secretary of State's office. Wanting to register to vote, I authorize the Department of Public Safety to transfer this information to the Texas Secretary of State.

3. ☐ Are you a veteran? If no, go to question 4.
☐ a) Are you a 60% disabled Veteran receiving compensation and want to waive the application fee? (Proof of disability required)
☐ b) Do you want a Veteran designator on your DL or ID, or
☐ c) Are you 50% disabled or are you 40% and have had a lower extremity amputated and want a Disabled Veteran designator on your DL or ID? (Proof of honorable discharge required; some acceptable documents are DD214/215, NGB22, VA disability letter, Veteran identification card, proof of service/verification of honorable service card. Proof of disability is required for Disabled Veteran designator)
☐ d) If you want a Veteran or Disabled Veteran designator, do you want the branch of service shown on your DL or ID? If yes, select one:
☐ Army ☐ Air Force ☐ Coast Guard ☐ Marines ☐ Navy

4. ☐ Do you have a health condition that may impede communication with a peace officer? (Physician must complete form DL-101).

5. ☐ 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.donatelife texas.org/my-dli. Enter your information to gain access to your registration. By doing so, you will have the option to remove your name from the registry.

6. ☐ Do you want to donate \$1.00 to the Blindness Education Screening and Treatment Program?
7. ☐ 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.
8. ☐ Do you want to support Texas Veterans? If yes, please indicate a donation amount of \$1 or more \$_____.00.
9. ☐ 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).
10. ☐ 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 to exempt this population from paying any fees.

DL-14A (Rev. 12/2023)

APPLICATION CONTINUED ON BACK

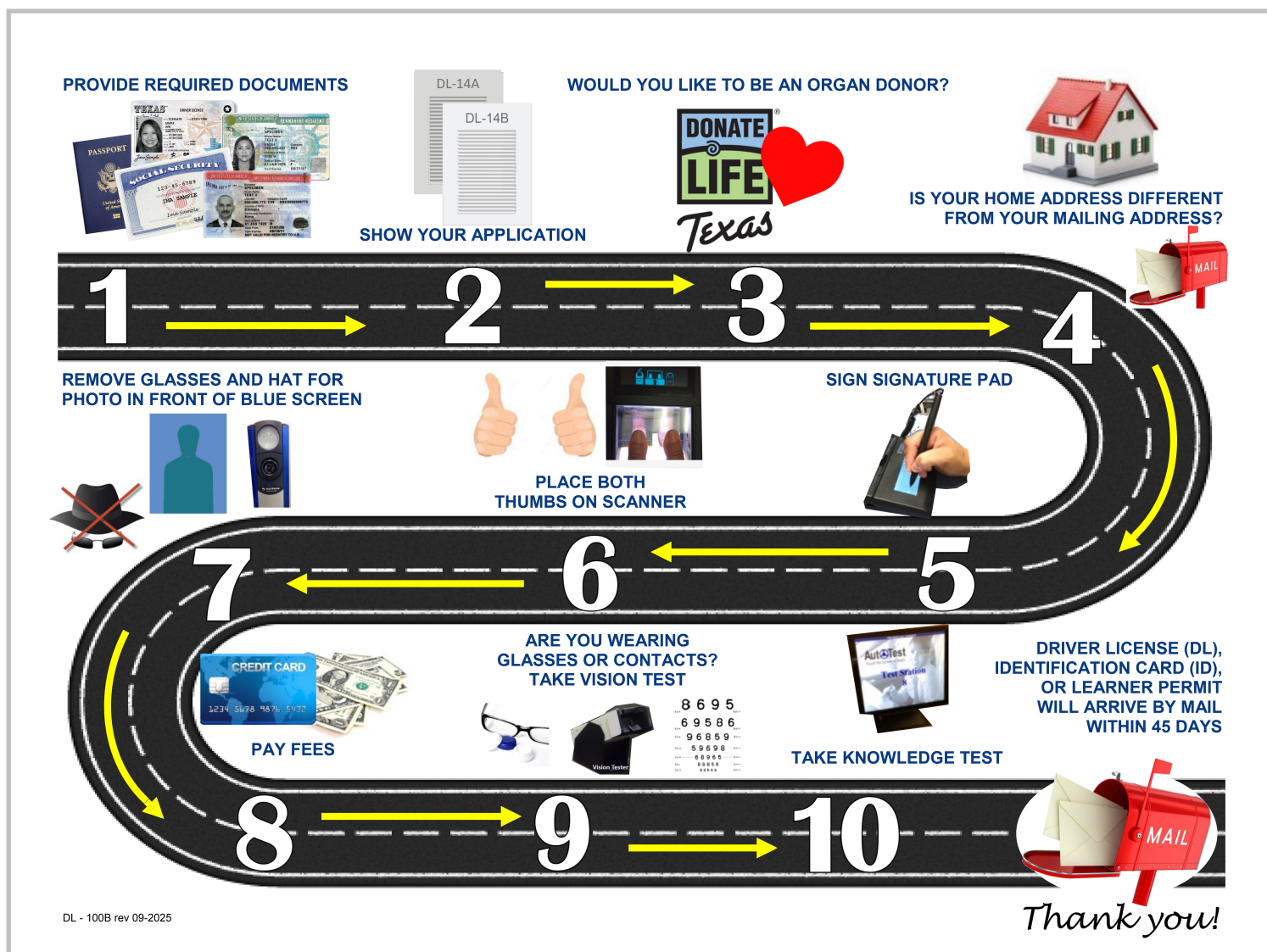


Documents



Steps

These are the basic steps in the DL and ID card first time application process.



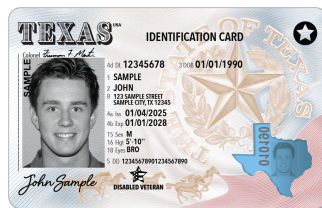
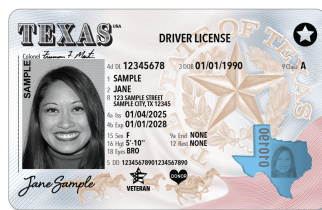


Step 1

Do you have one of these documents to prove identity? If not, then go to the next page.

For a complete list of acceptable documents, visit [How to apply for a Texas Driver License](#).

Do you have a Texas Driver License or ID card?



Do you have a current Driver License or ID card from another state?



Do you have a current Driver License from another country?



Yes or No

Current License or ID card





Step 1

Skip this page if you already have an identity document on the prior page.

Do you have an original or certified copy of one of these documents? If not, then go to the next page.

For a complete list of acceptable documents, visit [Identification Requirements](#).



Originals or certified copies only



Step 1

Skip this page if you already have an identity document on the prior page.

Do you have an original of one of these documents? If not, then go to the next page.

For a complete list of acceptable documents, visit [How to apply for a Texas Driver License](#).



Naturalization Certificate



Certificate of Citizenship with picture

Must be originals, not copies



Identity Documents



Step 1

Skip this page if you already have an identity document on the prior page.

Do you have an original of one of these documents? If not, then visit the link below.

For a complete list of acceptable documents, visit [How to apply for a Texas Driver License](#).



Identity Documents



--- Step 1 ---

Do you have two documents for proof of residency in Texas with your name on it. The next three pages provide examples.

For a complete list of acceptable documents, visit [Texas Residency Requirement for Driver Licenses and ID Cards](#).

ELECTRIC COMPANY P.O. BOX 123, Anytown, USA									
ACCOUNT NUMBER	ACCOUNT NAME	RATE	CYCLE	SERVICE ADDRESS					
12345600	Jones, Bob	5	708	123 Main Street					
SERVICE PERIOD FROM	TO	NO. DRS	BILL TYPE	METER READING PREVIOUS	PRESENT	MULTIPLIER	KWH USAGE	AMOUNT	
08/15	09/11	29	0	06434	08114	1			
BASE CHARGE								10.00	
ENERGY CHARGE							1680	134.47	
FUEL COST ADJUSTMENT: (\$0.005)								8.40	
SALESTAX - STATE								5.78	
SALESTAX - SPECIAL								1.44	
TOTAL AMOUNT DUE								160.09	

Electric bill with name and address

OEI (STATE) INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: COMPANY: Travelers

POLICY NUMBER: 010102345 111 EFFECTIVE DATE: 06/01/2015 EXPIRATION DATE: 11/01/2016

YEAR: 2016 MAKE/MODEL: FIAT RAM 1500 VIN: 1X134588412345690

AGENCY/COMPANY ISSUING CARD: Anderson-Campbell Insurance Agency, Inc. P.O. Box 300

Toronto, Ontario OEI 43964- (740) 537-2424

Joe Consumer 123 Settoun Dr Toronto OEI 43964-

SEE IMPORTANT NOTICE ON REVERSE SIDE

Medical card with name and address

TEXAS APARTMENT AGENCY FORM
MEMORANDUM
Date of Lease Contract: (when this Lease Contract is filed out)

Apartment Lease Contract
This Lease Contract is only valid if filed out before January 1, 2021.

Moving In - General Information

1. **PARTIES:** This Lease Contract is between you, the tenant(s), and the landlord(s). The landlord(s) is/are: (name of apartment community or individual). You've agreed to rent Apartment No. (number) at (street address) in (city), (state), (zip code). The tenant(s) is/are: (name of tenant(s)).

2. **UTILITIES:** You'll pay for the following items: (check all that apply) Gas, Water, Sewer, Trash, Cable TV, Internet, etc. You'll pay for all other utilities, including phone, and any charges or fees not included in this Lease Contract. You must allow any utility company to have access to the premises at all times for the purpose of installing, maintaining, or repairing the utility. If you do not allow access, you will be responsible for the cost of the utility. If you do not allow access, you will be responsible for the cost of the utility. If you do not allow access, you will be responsible for the cost of the utility.

3. **LEASE TERM:** The initial term of this Lease Contract begins on (date) and ends on (date). If you do not give notice of termination or renewal at least 30 days before the end of the term, this Lease Contract will automatically renew for another year on the same terms and conditions.

4. **SECURITY DEPOSIT:** The total security deposit for all residents is \$ (amount). This Lease Contract will automatically return the security deposit to you within 30 days of the end of the term, less any charges or fees. The security deposit will be held in a separate account and will not be used for anything else.

5. **KEYS, FURNITURE AND AFFIDAVIT OF MOVE-OUT:** You will be provided with (number) keys and (number) furniture items. You must return all keys and furniture items to the landlord(s) at the time of move-out. You must also provide an affidavit of move-out, which is a statement that you have moved out of the premises and that you have no further claims against the landlord(s).

6. **SECURITY DEVICES:** You must provide (number) security devices, including smoke detectors, carbon monoxide detectors, and fire extinguishers. You must also provide a statement that you have installed and tested all security devices.

Residential Lease with applicants name & address listed

Utility bills and other documents must contain applicant's name and residential address.



Texas Residency



Step 1

Texas Residency document examples continued.

For a complete list of acceptable documents, visit [Texas Residency Requirement for Driver Licenses and ID Cards](#).

Monthly Bank Statement

24 HOUR TELEPHONE TRANSFER LINE - 123-5678
CUSTOMER SERVICE NUMBER - 947-1234 EXT 294

Note: No name or address, this document is not acceptable

DEPOSIT ACCOUNTS
DETAIL CHECKING
REGULAR CHECKING
ACCOUNT
SOC. SEC.

THIS STATEMENT SHOWS ALL ACCOUNT TRANSACTIONS FROM SEP 14, 1977 - THRU OCT 12, 1977

DEPOSITS		CHECKS AND DEDUCTIONS				DAILY BALANCES	
DATE	AMOUNT	NO	DATE	AMOUNT	NO	DATE	AMOUNT
9/19	100.00	4882	9/15	32.00		9/15	2533.40
		****				9/16	2593.45
9/28	289.00	4885	9/18	29.95		9/19	2693.45
		4886	9/25	10.00		9/26	2593.45
		****				9/28	2862.45
		4888	10/02	40.00		10/02	2822.45

*** INDICATES ONE OR MORE MISSING CHECKS

BEGINNING BALANCE	DEPOSITS & CREDITS		CHECKS & DEBITS		ENDING BALANCE
9/14/77	NO	AMOUNT	NO	AMOUNT	10/12/77
2565.40	2	389.00	4	111.95	2822.45

ENCLOSURES: 8

Source Power & Gas LLC
2150 Town Square Place, Suite 380
Sugar Land, TX 77478
CUSTOMER SERVICE: (888) 557-0065
Mon - Fri 8:00 AM - 5:00 PM CT
TXCustomercare@sppenergy.com
Outage Reporting: (800) 332-7143

Customer: Joe B. Customer
Billing Account # 12345678-901-2
INVOICE #: 12345678

Source POWER & GAS

Note: No name or address, not acceptable

Summary as of Feb 07, 2013
(account details start on next page)

Previous Statement Amount:	\$70.27
Total Payments Received:	(\$70.27)
Balance Forward:	\$0.00
Current Charges:	\$73.79
Amount Due Feb 25, 2013:	\$73.79

bounce energy
PUC No. 10182
P.O. 4425, MSC #250
Houston, TX 77215

amount due: \$12.61
payment due date: 5/23/2014
amount due after due date: \$13.24
account number: 00000000

John Valued Customer
12345 Main St #1234
Houston, TX 77040
E.SUN: 000000000000000000000000
Meter Number: 000000000 Meter Multiplier: 1

HOW TO PAY YOUR BILL:
Pay Online: <http://www.bounceenergy.com/myaccount>
Pay By Mail: P.O. Box 4425, MSC #200 Houston, TX 77210
Pay By Phone: 1-888-45-BOUNCE (1-888-452-6862)
Pay In Person: Ace Cash Express or Moneygram

Support the Earth! We're donating \$0.50 for each new like on Facebook to The Conservation Fund this Earth Month. bit.ly/gfycforcharity

Monthly Summary
Bill Date: 05/01/2014 Bill Period: 04/01/2014 - 05/01/2014

Previous Balance:	\$92.20
Payments Made/Credits:	-\$92.20
Current Monthly Charges:	\$12.61
Total Amount Due:	\$12.61
Amount Due After Due Date:	\$13.24

KEEP EARNING REWARDS & RENEW TODAY!
Your current fixed plan has expired! Make sure to visit www.bounceenergy.com/myaccount to renew to another low, fixed plan. If you take no action, your electricity service will continue under our variable month-to-month plan on your next billing statement with Bounce Energy.

Lower your Bounce electricity bill! Refer your friends today & easily earn \$50!

For more information about residential electric service please visit www.gowertochoose.com.

Customer Service Information:
Hours: Mon - Fri 7am - 8pm, Sat 7am - 1pm
Email: billing@BounceEnergy.com Phone Number: 1-888-452-6862
Web Site: <http://www.bounceenergycare.com>

Power Outage Information:
To report power outages or concerns about the safety of the electric system 24 hours a day 7 days a week, please contact CenterPoint Energy 800-332-7143.

Be REWARDED! You are earning cool rewards with on-time payments!
You are 2 on-time payments away from receiving your choice of:
- 2 FREE movie tickets
- \$50.00 Restaurant.com gift card
Visit www.bounceenergy.com/myaccount today to view the additional rewards programs we offer!

Utility bills and other documents must contain applicant's name and residential address



Texas Residency



Step 1

Texas Residency document examples continued. If you don't have one of these documents, visit the link below.

For a complete list of acceptable documents, visit [Texas Residency Requirement for Driver Licenses and ID Cards](#).

Cable Bill with name and address

Bank Statement with name and address

Gas Bill with name and address

Texas Residency



Step 1

continued

Your two Texas residency documents with your name on each, must be dated over 30 days old but less than 180 days old.

For a complete list of acceptable documents, visit [Texas Residency Requirement for DLs and ID cards](#).

> 30 days

①

SUN	MON	TUE	WED	THU	FRI	SAT
						1
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

③

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Must be dated greater than >
30 days

< 180 days

②

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

④

SUN	MON	TUE	WED	THU	FRI	SAT
						1
3	4				7	8
10	11			14	15	16
17	18			21	22	23
24	25			28	29	30

But less than < 180
days old



Residency documents timeline



--- Step 1 ---

Do you have your Social Security Number (SSN)? If not, you will complete an affidavit at the driver license office.

Do you have a Social Security number?



Social Security Affidavit

SOCIAL SECURITY AFFIDAVIT
Texas Department of Public Safety

DL-13 (10/15)

NAME: _____ (LAST) _____ (FIRST) _____ (MIDDLE/MAIDEN) DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

As a condition for the issuance of a Texas identification card/driver license, I hereby certify that I have never applied for, been issued or assigned a Social Security Number by the Social Security Administration; or have applied for and been denied the issuance of a social security number due to my ineligibility.

Further, I do hereby authorize a review of and full disclosure of all records concerning the issuance or use of a Social Security Number to any duly authorized agent of the Texas Department of Public Safety, whether the said records are of a public, private or confidential nature. This information will be used to determine my eligibility to receive a Texas identification card or driver license based on the requirement to provide a Social Security Number.

NOTICE: I understand that failure to provide required information during the application process is cause for cancellation of my Texas identification card or driver license and/or driving privilege pursuant to Texas Transportation Code Section 521.315 and subjects me to other criminal penalties including Texas Transportation Code, Section 521.451 and Section 521.654.

I hereby certify, under penalty of perjury that the above information is true and correct.

Signature: _____ Date: _____

Subscribed and affirmed, or sworn to before me on this _____ day of _____, 20____, in the county of _____ State of Texas.

Signature, Authorized Agent of Texas Department of Public Safety, ID #, Station # _____

Yes or No



Social Security Number



Step 1

Are you a teen applying for a Texas DL or ID for the first time? If yes, your parent or legal guardian must come with you.

For more information on parent or legal guardian requirements, visit [How to apply for a Texas Driver License as a Teen](#).



Parents

Are your
parents or a
legal guardian
here with
you?



Legal Guardian



Parent or legal guardian



Step 1

Do you own a vehicle? If so, you are required to show proof of Texas registration and insurance, in your name.

For more information, visit [Texas Department of Motor Vehicles](http://www.txdmv.gov).



Do you own a vehicle?
Is it in your name?



Is the vehicle registered in your name?

YOUR POLICY INFORMATION		
INSURANCE COMPANY		AGENCY/COMPANY
Esurance Insurance Company 650 Davis Street San Francisco, CA 94111 NAIC# 25712		Esurance Insurance Services, Inc. P. O. Box 5250 Sioux Falls, SD 57117-5250
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
PACA-003637001	April 22, 2010	October 22, 2010
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2005	Honda/ACCORD EX	1HGCM66545A054573
1985	Mercedes Benz/380SL	WDBBA45C0FA024523
INSURED NAME AND ADDRESS		ADDITIONAL LISTED DRIVER(S)

Do you have vehicle insurance in your name?

Yes or No



Vehicle registration and insurance



Step 1

If you are under 25 years of age, you must provide proof of Driver Education and school enrollment.

For more information, visit [Texas Department of Licensing & Regulation \(TDLR\)](https://www.txdps.gov) [Driver Education & Driving Safety](https://www.txdps.gov).

Driver Education Certificate

TEXAS DRIVER EDUCATION CERTIFICATE
(Type or print legibly in black ink)
FOR DRIVER LICENSE ONLY

☐ Driver Education School ☐ TDLR Parent Taught Course ☐ Duplicate (Original Control # _____)

☐ 7 hours behind-the-wheel instruction and 7 hours in-car observation ☐ his simulator instruction (min 4 hrs) and 7 hours in-car observation

Name: Last _____ First _____ MI _____ Date of Birth: ____/____/____ ☐ Male ☐ Female

Permit # _____ Classroom Completion: _____ Laboratory (On-car) Completion: _____

I hereby certify that the person indicated has completed and passed both the classroom and the laboratory phase of a driver education course approved by the Texas Department of Licensing and Regulation.

Signature of Licensed Driver Education or TDLR PE Instructor _____ TDLR Number or TDLR PE Instructor DL Number: _____ Name of School or TDLR PE Course _____

Signature or Signature Stamp of Chief School Officer in TDLR PE Course _____ Driver Education Course # or TDLR PE Course # _____ Date Issued _____

☐ 30 hours behind-the-wheel instruction, including at least 10 hours of instruction that took place at night

I hereby certify that the person indicated has completed the additional behind-the-wheel instruction in the presence of an adult who meets the requirements of Section 521.222(4)(C), Transportation Code.

Signature of Instructor _____ Driver License Number _____ Date _____

WARNING: This may constitute a crime if you give this driver education certificate to the Department of Public Safety or to an insurance company and you did not complete the course or hours as indicated. This may also constitute a crime if you put any information on this certificate that is not true.

UNLAWFUL IF REPRODUCED OR ALTERED - INVALID IF STATE SEAL IS NOT VISIBLE

TEXAS ADULT DRIVER EDUCATION CERTIFICATE
(Type or print legibly in black ink)
DRIVER EDUCATION COURSE EXCLUSIVELY FOR ADULTS

☐ Driver Education School ☐ Parochial/Private School ☐ Public School ☐ Duplicate (Original Control # _____)

☐ _____-Hour Online Course Completion: _____

☐ Student has taken and passed the Class C-Road Rules and Class C-Road Signs Examination

☐ Student must take vision examination at the Department of Public Safety.

Name: Last _____ First _____ MI _____ Date of Birth: ____/____/____ ☐ Male ☐ Female

I hereby certify that the person indicated has completed and passed a 6-hour driver education course exclusively for adults approved by TDLR.

Signature of Licensed Driver Education Instructor _____ TEA Number _____ Name of School _____

Signature or Signature Stamp of Chief School Officer _____ Driver Education School Number _____ Date Issued _____

CUSTOMER SERVICE PHONE NUMBER: _____

WARNING: This may constitute a crime if you give this driver education certificate to the Department of Public Safety and you did not complete the course or if you put any information on this certificate that is not true. This may also constitute a crime if you put any information on this certificate that is not true.

UNLAWFUL IF REPRODUCED OR ALTERED - INVALID IF VIRTUAL DRIVE SEAL IS NOT VISIBLE

Verification of Enrollment and Attendance (VOE) Form

Parent/Guardian Permission: I grant my permission for the Texas Department of Public Safety (DPS) to access my child's school enrollment records and (2) for a school administrator or law enforcement officer to verify DPS in the event that my child has been absent from school for a total of 20 consecutive instructional days.

Parent/Guardian Signature: _____ **Date:** _____

Expiration: Any VOE issued during the school year (traditional, year round, etc.) expires 30 days after issuance. Any VOE issued the last 5 days of the school year will expire the first day of the following school year.

***A student is not required to sign in the presence of the person certifying attendance. The signature of the student can be placed on the form before or as it is presented to DPS.**

THE VOE IS A GOVERNMENT RECORD AS DEFINED UNDER TEXAS PENAL CODE, §7.042. ANY MISREPRESENTATION BY THE APPLICANT OR PERSON IS SUBJECT TO PENALTY RESULTING IN DENIAL OF AN APPLICATION FOR A TEXAS DRIVER'S LICENSE AND/OR CRIMINAL PROSECUTION.

Verification of Enrollment



Driver Education

Note:
Drive Test
Applicants

You will be required to provide your Impact Texas Drivers (ITD) certificate of completion before you take the drive test.

For more information, visit [Impact Texas Drivers \(ITD\)](#).

Impact Texas Teen Drivers



Impact Texas Adult Drivers



Impact Texas Driver Program

DL-100A

Note:
Communication
Barriers

If you have a communication barrier, you may be required to bring a physician's statement to the Driver License office.

For more information, visit [Communication Impediment with a Peace Officer](#).



PHYSICIAN'S STATEMENT (Please type or print)

Texas Transportation Code §521.125 allows the Texas Department of Public Safety to include on an individual's driver license or identification card any health condition that may impede the individual's communication with a peace officer.* The health condition must be evidenced by this signed statement from a licensed physician. By providing this information, the phrase "communication impediment" will be printed on the reverse side of the driver license or identification card.

PHYSICIAN'S STATEMENT (Please type or print)

Texas Transportation Code §521.125 allows the Texas Department of Public Safety to include on an individual's driver license or identification card any health condition that may impede the individual's communication with a peace officer.* The health condition must be evidenced by this signed statement from a licensed physician. By providing this information, the phrase "communication impediment" will be printed on the reverse side of the driver license or identification card.

Patient's Full Name: _____

Patient's Date of Birth: ____/____/____

Patient's DL/ID#: _____

Physician: _____

Physician's Address: _____

Physician's Office Telephone No.: _____

Medical License No.: _____ State: _____

Health Condition: _____

Patient's Signature: _____

Date: ____/____/____

Physician's Signature: _____

Date: ____/____/____

* This form is a confidential driver record per Chapter 730 of the Texas Transportation Code.

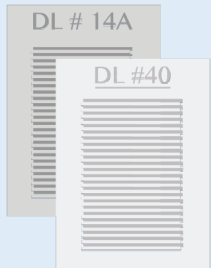
NOTE: All other health conditions may be noted by the customer on the reverse side of the DL or ID by marking the directive to physician and writing the phone number for the physician.

DL-101 (2/16)

DL form 101



Communication issues with a Peace Officer



--- Step 2 ---

You will submit your DL-14A application, and swear or affirm the information you provide is true and correct.

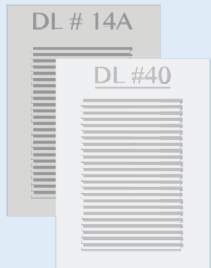
For more information, visit [DL-14A Application for Texas DL or ID card.](#)



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.



Swear or affirm to correctness of information



Step 2

continued

You will be asked to provide two emergency contacts on your DL-14A application.

For more information, visit [DL-14A Application for Texas DL or ID card](#).

9. ☐ ☐ In the event of injury or death would you like to provide two (2) emergency contacts? If yes, please list:
- a) Name Telephone Number Address
- b) Name Telephone Number Address

Do you have a person who should be contacted in case of an emergency?



Emergency Contact Information

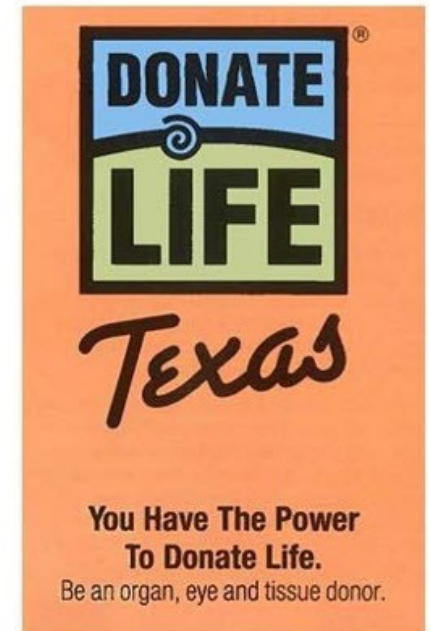
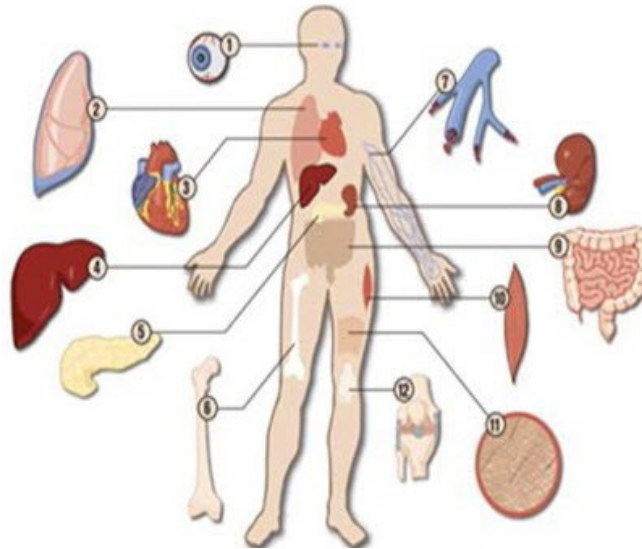


Step 3

You will be asked if you want to join the Organ Donor Registry. If yes, your card will be printed with a Hero's Heart symbol as a reminder of your choice to save lives.

For more information, visit [Donate Life Texas](https://www.donatelife-texas.org).

Would you like to be an organ donor?



Organ Donation



--- Step 4 ---

You will be asked to provide your home address to be listed on your DL or ID card, and an address your card will be mailed to, if different.

Home



123 Main Street
Austin, TX 78749

Mailing



123 Main Street
Austin, TX 78749

Is it a house or an
apartment?



What is the apartment number?
APT#_____



Home and mailing address



Step 5

You will be asked to provide your signature for your DL or ID card.

Sign your name electronically.



John Smith



Select the "OK" button after signing your name.



Signature



--- Step 6 ---

You will be asked to provide your thumbprints for your DL or ID card.



Place both thumbs on the lighted scanner. Hold them there until the employee says finished.



Fingerprints



Step 7

Your photo will be taken for your DL or ID card.



Stand in front of the blue screen



Remove hats and glasses



Smile and look at the blue dot. Your picture will be taken.



Photograph / Picture



Step 8

Driver License offices accept the following forms of payment:
credit card;
check; money order, and
*cash.

**Cash is not accepted in the Big Lake Driver License office.*

Credit Card



Check



Money Order



Cash



Payment



--- Step 8 ---

continued

These are the basic fees for a Texas DL and ID card.

For a complete list of DL, ID and CDL fees, visit [Driver License Division Fees](#).

New Driver License (Class A, B, or C or Learner)

Age	Fee
Under 18	\$16
18 to 84	\$33
85 and older	\$9

Renew License (Class A, B, or C)

Age	Fee
Under 18	N/A
18 to 84	\$33
85 and older	\$9

Replace* License (Class A, B, or C)

Age	Fee
All Ages	\$11

*Replace a lost, stolen, or damaged license, Change address or name, or Test to add or remove restrictions

New Identification (ID) Card

Age	Fee
Under 59	\$16
60 and older	\$6

Renew Identification (ID) Card

Age	Fee
Under 59	\$16
59 and older	\$6

Replace* Identification (ID) Card

Age	Fee
All Ages	\$11

*Replace a lost, stolen, or damaged ID card or Change address or name

Other Cases

Disabled veterans (60%): new or renewal Free (with approved documentation)
Limited term driver license for temporary visitors to the US: \$25



Fees



Step 9

Vision test requirements are for DL applicants only.

Do you wear glasses or contacts?

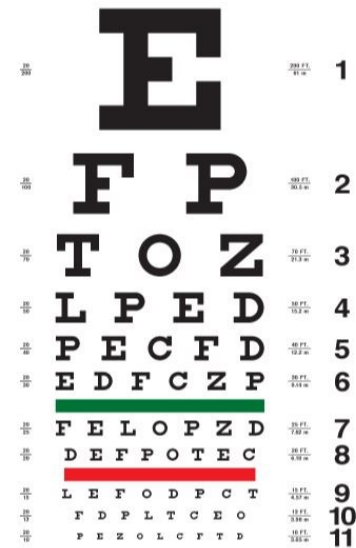
Yes or No



Say the colors on Line - _____

A ○ ○ ○ ○
B ○ ○ ○ ○
C ○ ○ ○ ○

If instructed, write your answers



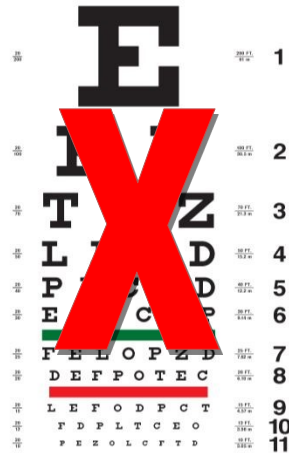
Vision Test



Step 9

continued

You may be required to get an eye exam from a physician, if you do not pass the vision test at a Driver License office.



Take this form to your eye doctor to complete and then return to the Driver License office to complete your processing.



INSTRUCTIONS TO APPLICANT

The simple vision test on the drivers license examination shows that you would probably be a safer driver if you could see better. You are being asked to have your eyes examined by an eye specialist to determine whether your sight can be improved by glasses or treatment. If glasses will make you a safer driver, your license will permit you to drive only while wearing them.

In some cases examination by more than one specialist may be requested.

If you have any questions about how well you must be able to see to be granted the privilege of driving on the streets and highways of Texas, the examining officer will be glad to answer them.



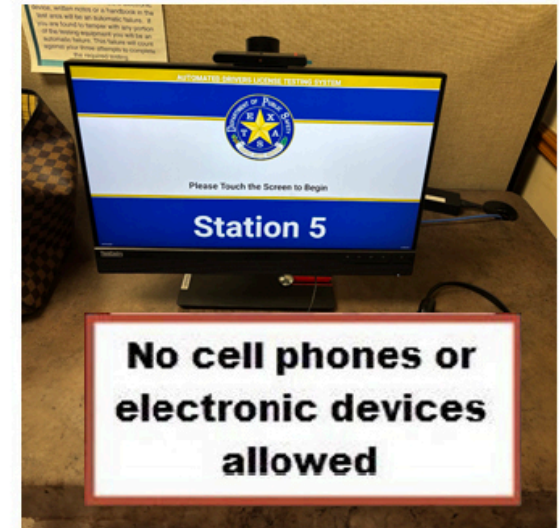
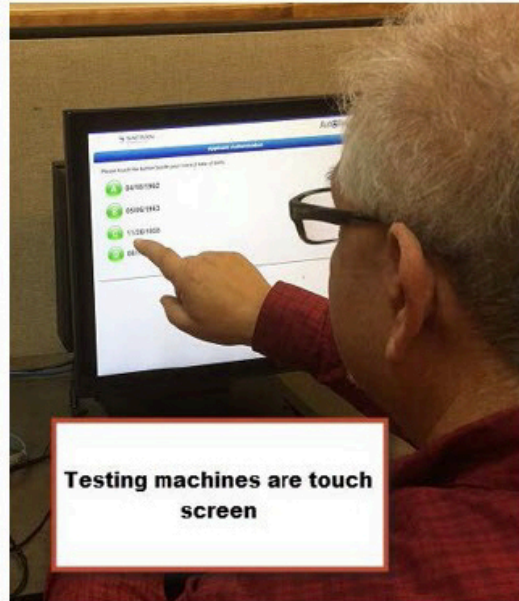
Vision Test - Did not pass



— Step 10 —

The computer or written test is required for new DL applicants, and DLs that are expired more than two years.

This does not include some transfers of valid out of state licenses, or applicants tested by a registered third party tester.



When you are finished with your test, return to the designated area.

If you have computer problems while testing, get help from _____.



Knowledge Test



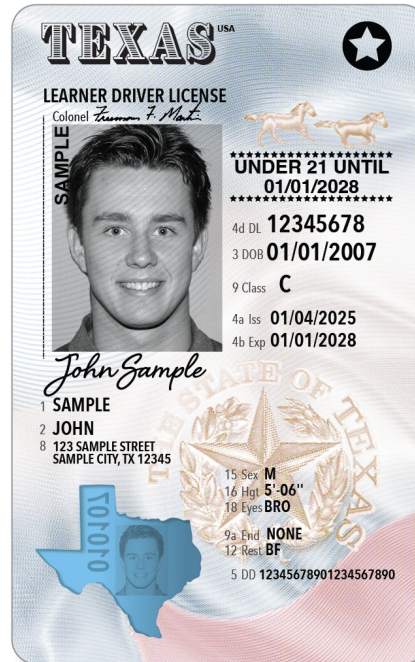
— Step 10 —

continued

As part of the vision, written and skills testing, a restriction may be added.

These are a few of the common DL restrictions.

For a complete list of DL restrictions, visit [Driver License Endorsements and Restrictions.](#)

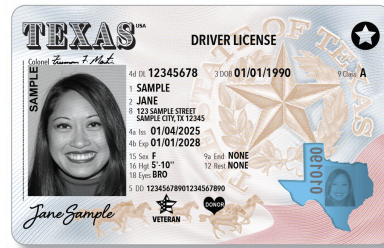


Restrictions

- A – Drive with corrective lenses
- B – Must have a licensed operator over age 21 with at least one year of driving experience in the front seat while driving
- F – Must hold a valid learner license until MM/DD/YY
- G – Must not operate a motor vehicle between midnight and 5:00am unless driving to/from work or school-related activity, or due to a medical emergency.
Must not have more than one passenger under the age of 21 who is not a family member
- S - Outside rearview mirror or hearing aid

Note:
Did you know?

You will receive
your card by
mail, within 45
days.



License or ID will be mailed within 45 days

TEXAS DEPARTMENT OF PUBLIC SAFETY TEMPORARY PERMIT VALID UNTIL 06-06-2012	
LOCATION: BIR TIME STAMP: 12:07:23 DATE STAMP: 06-24-2012	
ORGAN DONOR: N VOTER REGISTRATION: N	DUI/DWI NUMBER: 33860008 CLASS: C LICENSE TYPE: DL RESTRICTION CODE: NONE ENDORSEMENT CODE: NONE
RECEIPT NUMBER: 405DL2000003701	NAME: APPLICANT, ORIGINAL
RESTRICTION TEXT: NONE	ADDRESS: 5805 N LAMAR AUSTIN, TX 78758
ENDORSEMENT TEXT: NONE	DATE OF BIRTH: 04-30-1977 EXPIRATION DATE: 04-30-2019 SEX: M HEIGHT: 5' 06" ISSUANCE DATE: 06-24-2012 EYE COLOR: BLK
MAILING ADDRESS: 5805 N LAMAR AUSTIN, TX 78758	SIGNATURE: <u>Applicant Signature</u>
	EMPLOYEE: <u>Employee Signature</u>
<ul style="list-style-type: none">Contact your local driver license office if assistance is needed, or refer to the DPS website at www.txdps.state.tx.us or TexasOnline at www.texasonline.state.tx.usYour DL/ID Card will be processed and mailed within 30-45 days.You must continue to carry this Temporary Permit until your new card is received.For roadside assistance, please call 1-800-525-5555	

Temporary Permit is good for 45 days



Driver license / ID card mailed

Note:
Resources

For more information on the DL or ID card application process, visit these resources.

- What to Bring With You for a DL or ID card
- What it Takes to Apply for a DL or ID card brochure
- Texas Driver Handbook
- Search for a Driver License office
- Schedule an Appointment
- Texas Driver License homepage
- Customer Service Center FAQ's



Resources