STATE OF TEXAS DEPARTMENT OF PUBLIC SAFETY SAFETY RESPONSIBILITY PO BOX 15999 AUSTIN, TX 78761-5999

APPLICATION FOR REINSTATEMENT OF DRIVER'S LICENSE AND REGISTRATION UNDER THE SAFETY RESPONSIBILITY ACT

	Case No.
The undersigned	
being duly sworn deposes and says:	
That he was involved in a motor vel	nicle accident on
	(Month/ Day/Year)
in or near	, Texas, and as a result of said accident and
	ne Safety Responsibility Act, an Order of Suspension was
(Month/Day	, suspending his privileges of operating or y/Year)
	vehicle and any drivers license and all registration receipts
	e of having any such license issued to him or of having any
motor vehicles registered in his name in th	
3	
That two years have elapsed follow	ing such accident:
, i	
That there are no unpaid judgments	against the owner or operator of the motor vehicle arising
from the above described accident;	
That to affiant's knowledge and beli	ef, there are no actions begun within two years of the date
	e State of Texas against the owner or operator of the motor
vehicle arising from the above described a	
3	,
That the undersigned makes this a	affidavit as proof to the Texas Department of Public Safety
<u> </u>	atement of his driver's license and registration privileges
pursuant to Section 601.162 of the Safety	
Signed	
Address	
City	State
Oity	
Date	Driver License #
Subscribed and sworn to before me this _	, day of,, (Year)
	(Year)
A \$100.00 REINSTATEMENT	
	Notes D. I.P. Constitution
FEE IS REQUIRED	Notary Public in and for
WHEN FILED	O 1 T
	, County, Texas