

TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N LAMAR BLVD • BOX 4087 • AUSTIN, TEXAS 78773-0001

512/424-2000

www.dps.texas.gov



This packet will help you complete a request for an out-of-state renewal or replacement of your Texas driver license or identification card (DL/ID). We have enclosed a fact sheet explaining the required information and forms you may need to complete and submit. The fact sheet contains many different situations and not all may apply to your specific circumstance. Please read everything to ensure you complete and submit the proper forms.

There have been changes in the requirements and documents necessary to renew your Texas DL/ID. For a complete list of documents that are accepted to verify your identity, citizenship or lawful presence, please visit our website at <https://www.dps.texas.gov/driverlicense> or review the pamphlet What to Bring with You When Applying (form DL-15) at <https://www.dps.texas.gov/internetforms/Forms/DL-15.pdf>.

Additional Information

Any license holder delinquent on child support payments must contact the Attorney General of Texas to make satisfactory arrangements. Failure to do so may result in the suspension, revocation or denied issuance of the holder's driver license.

Website: <https://www.texasattorneygeneral.gov>

Email: child.support@texasattorneygeneral.gov

Mailing Address:

The Attorney General of Texas

Child Support Division

PO Box 12017

Austin, TX 78711-2017

Phone: (800) 252-8014 or (800) 572-2686 for hearing impaired



Out-of-State or Out-of-Country Renewal/Replacement/Change of Texas Driver License or Identification Card (DL/ID)

A Texas resident who is temporarily out-of-state/country may be eligible to renew a DL/ID online, by telephone, or invitation by mail. Please visit <https://texas.gov/#drivers> or call 1-866-DL RENEW (1-866-357-3639) to see if you can conduct your transaction online or by telephone and save time. Any out-of-state/country Texas resident who is not eligible for one of the options above, but is eligible for the out-of-state/country process, must complete and mail-in the required forms and documents to renew or replace their DL/ID.

Before completing any forms in this packet, take the time to read all information provided that describes your specific situation. Some information may not apply to your circumstances.

Are you eligible to renew or replace your Texas DL/ID through the Out-of State/Country process?

If you meet the following criteria, you are eligible to use the out-of-state/country process. Those who do not qualify for this option or the online/telephone process must return to Texas to visit a driver license office.

- Your DL/ID card will expire in less than two years and has not been expired for more than two years, unless active duty military;
- You are between 18 and 78 years old;
- You are not renewing a commercial driver license (CDL) with a hazmat endorsement, learner license, provisional license or occupational driver license;
- You are not a sex offender subject to the registration requirements of Chapter 62, Code of Criminal Procedure;
- You are not subject to registration requirements of Chapter 65, Code of Criminal Procedure, Terrorist Offender Registration Program;
- You are not subject to registration requirements of Chapter 20A, Penal Code, Trafficking of Persons;
- Your driver record does not reflect an administrative status due to a condition that requires periodic review, including any medical or physical condition that may affect your ability to safely operate a motor vehicle;
- Your vision, physical, or mental condition has not changed in a way that affects your ability to safely operate a motor vehicle;
- Your DL is not currently suspended, revoked, canceled, and you do not have any warrants or outstanding traffic citations. (For more information, visit our website at: <https://www.dps.texas.gov/DriverLicense/OnlineServices.htm>);
- You are a U.S. Citizen, unless you are active duty military with lawful presence status;
- Your Social Security number is on file with the Department;
- You are not issued a Limited-Term driver license or Election Identification card that MUST be renewed or replaced in person; and
- You comply with the Texas Residency requirements.

If you meet the above criteria, read and follow the instructions below:

Lawful Status

Non-U.S. citizens must visit a Texas driver license office to renew or replace their driver license or ID card, unless they are active-duty military personnel.

Active-duty military personnel who are non-U.S. citizens, U.S. Nationals, lawful permanent residents, refugees, or asylees must submit proof of lawful presence with their application. This documentation will be verified by the U.S. Department of Homeland Security. For a list of documents, visit <https://www.dps.texas.gov/DriverLicense/LawfulStatusDLID.htm>.

Texas Residency

Individuals may renew or request a replacement of their DL/ID card while living outside of the state if their true, fixed and permanent home (domicile) is Texas. To verify Texas residency for a driver license or ID card renewal/replacement, individuals not currently on active military duty can provide one of the following:

- A letter from your employer stating you are on work assignment outside of Texas (or the country, if applicable).
- A valid Common Access Card (CAC) along with two printed documents from the Texas Department of Public Safety's Residency Documents list <https://www.dps.texas.gov/internetforms/Forms/DL-53.pdf>

Active duty military personnel can verify residency using either a copy of their current military orders or a valid military dependent card.

Drivers Age 79 or Older

Individuals age 79 or older are not eligible for the out-of-state/country process and must renew their DL/ID in-person at a driver license office. You will be required to pass a vision test and your medical history will be evaluated to determine if any additional testing is required.

Social Security number (SSN) Requirements

Applicants must write their SSN on the application, to be verified electronically with the Social Security Administration. If the SSN can not be verified, additional instructions will be provided.

Commercial Driver License Holders

Complete the Texas Commercial Driver License Application (CDL-1) form and attach a copy of your medical certificate along with the other required documentation.

For a Class A or B non-CDL driver license, complete the Texas Class A or B Driver License Application Non-CDL Exempt Vehicles (CDL-2) form.

Hazardous Materials endorsements cannot be renewed by mail or online. You MUST APPLY IN PERSON at a Texas driver license office. If you are not domiciled in Texas, you must obtain a license from the state where you currently reside. Only active-duty military, spouses or dependents may have an address outside of Texas on their license.

For Active Duty Military

If you are an active duty military member, spouse or dependent, and are stationed outside the state of Texas, the expiration date of your Texas DL/ID card is automatically extended unless your DL has been suspended, canceled, or revoked. Only active duty military and those discharged within the previous 90 days, spouses and dependents, are eligible to renew a DL/ID card that has been expired for more than two years.

Veteran Designator

The Department offers a VETERAN designator printed on the face of a DL/ID card for veterans who qualify and complete the required information on the application. Veterans wanting a Veteran or a Disabled Veteran designator, if 50% disabled or 40% disabled and has a lower extremity amputated, must present proof of honorable discharge and proof of disability if appropriate. Some acceptable documents include a copy or original DD-214, DD-215, NGB-22, U.S. Department of Veterans Administration disability letter, and proof of service or verification of honorable service card. The branch of service may also be shown on the DL/ID card, if requested. This designator is applicable for those that are no longer on active duty.

Communication Impediment

The Department can include a notice on the DL/ID card for those who indicate they have a health condition that may impede their ability to communicate with a peace officer. The health condition must be supported by a Physician's Statement ([DL-101 form](#)) completed by a licensed physician and submitted with the application.

Replacement or Address Change: (complete and submit all documents listed)

1. A Change of Address or Replacement application (DL-64).
2. Submit proof of Texas residency.
3. Provide Social Security number.
4. Submit required fee. See list of fees below.
5. To have an out-of-state address displayed on your driver license or ID card while on active duty, you must submit a color copy of both sides of your military ID card or your most recent military orders.

Note: The Department will accept copies of a foreign marriage or divorce certificate as proof of a name change if it is written in English or is accompanied by a certified translation in English.

Renewal: (complete and submit all documents listed)

1. The appropriate application for a DL/ID/CDL (DL-14a or CDL-1). For a driver license renewal, answer all questions. Answer questions 1-10 for an ID card renewal. If you answer yes to any of the medical questions, you will be sent a Supplemental Medical History Information (DL-45) form to complete and return before your application can be processed.
2. Submit proof of lawful presence or U.S. citizenship (certified copy of your birth certificate or unexpired U.S. passport), and Social Security number.
3. Submit your normal signature on a blank piece of paper in black ink.
4. Submit an Eye Specialist examination [\(DL-63\) form](#) if renewing a DL; this is not required when renewing a CDL or an ID card. Applicants for renewal of a DL must submit the results of a vision test conducted by an eye specialist or authorized driver license personnel from another jurisdiction on a DL-63 form.
5. **Military Only** - If your DL/ID card is expired over 2 years, include a copy of your expired card along with a color copy (front and back) of your military identification card. As a state agency, DPS is authorized to request copies of military identification cards.
6. Class A or B Non-CDL must complete a Texas Class A or B Driver License Application Non-CDL Exempt Vehicles (CDL-2) form for renewals only.
7. Submit required fee. See list of fees below.
8. You must submit a 2x2-passport style photo along with your application.
9. For CDL Only - Submit an updated medical certificate signed by an FMCSA approved medical examiner if required.

Adding a Motorcycle license to your Texas driver license: (complete and submit all documents listed)

1. The appropriate application for a DL/ID/CDL (DL-14a or CDL-1).
2. Complete a Motorcycle Safety Course approved by the Motorcycle Safety Foundation (MSF).
3. Submit a copy of the MSF completion certificate or card issued within the past 24 months.
4. Submit required fee. See list of fees below.

If you have questions regarding how to complete the application, contact Issuance Services at 512-424-2234 or by email to OutofState@dps.texas.gov

Fees:

Class A, B, C Non-CDL	\$32.00	8 years
Class A, B, C CDL	\$97.00	8 Years*
Class M (or combination)	\$43.00	8 years
Class M only (adding)	\$15.00	Expiration date does not change
Replacement (DL/ID)	\$10.00	Expiration date does not change
Provisional A, B, C Non-CDL	\$15.00	Next birthdate
Provisional M (or combination)	\$25.00	Next birthdate
ID (60 years or over)	\$5.00	6 years
ID (under 60 years)	\$15.00	6 years

Submit the required fee in the form of a check or money order drawn on a U.S. bank payable to:

Texas Department of Public Safety

Alternate Issuance I - MSC-0300

PO Box 149008

Austin, TX 78714-9008

*Please visit <https://www.dps.texas.gov/section/driver-license/driver-license-fees> for additional fees required on a CDL with a motorcycle class.

For more licensing requirement information, please visit our website at <https://www.dps.texas.gov/DriverLicense>.
Statutory Authority: Transportation Code, Sections 521.146, 521.148, 521.2711, 521.028, 521.101, 521.102, 521.124, 521.1427, 521.142, 521.1425, 521.1426, 521.274. Texas Administrative Code, Sections 15.49, 15.31, 15.33, 15.34, 15.59.

EXPLANATION FOR EYE SPECIALIST

All applicants taking a driver's license examination in Texas are given simple vision tests. Any applicant who may need more accurate measurement; and any applicant who *fails to meet* the acuity score listed below is referred to an eye specialist.

	BEST EYE	POOREST EYE	ONE-EYED
Without Glasses		20/40	20/25
With Glasses	20/70		20/70

A report from a specialist is particularly valuable if the fitness of a driver is questioned in court, or following an accident. *In some cases examination by more than one specialist is requested.*

When wide variations occur in acuity scores, the examining officer will appreciate the opportunity of discussing same with you in order to improve the accuracy of our vision tests.

Please sign this report and list your medical license number. Also for proper identification please have the person examined sign the report in your presence.

If the case is an unusual one any additional comments which you may have will be appreciated. If needed, attach a separate sheet to this report. *The specialist assumes no responsibility in making this report other than that of truthfully representing the facts.*

The specialist will please check all applicable items:

1. Eye conditions present: a. Hyperopia b. Myopia c. Astigmatism d. Presbyopia e. Cataract
 f. Traumatic Condition g. Suppression h. Poor Night Vision i. Strabismus
 j. Poor Color Perception (k. Red l. Green m. Yellow) n. Other _____
2. Corrective lenses are being fitted for distant vision.
3. Corrective lenses will not improve distant vision.
4. Applicant would not accept corrective lenses.
5. Corrective lenses should not be worn for distant vision, because _____
6. Regardless of a qualifying acuity score corrective lenses should be worn for distant vision because _____
- _____
7. Applicant should drive in daylight only.
8. Other treatment to improve vision is recommended.
9. Due to permanent eye condition, applicant need not be referred for visual reexamination at next renewal of driver's license.
10. Other _____
- _____

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.

<p>TEXAS DEPARTMENT OF PUBLIC SAFETY DRIVER'S LICENSE</p> <p>FULL NAME OF EXAMINEE: _____</p> <p>ADDRESS: _____</p>	<p style="text-align: center;">REPORT OF EXAMINER</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">ACUITY</th> <th style="width: 12.5%;">RIGHT EYE</th> <th style="width: 12.5%;">LEFT EYE</th> <th style="width: 12.5%;">BOTH EYES</th> </tr> </thead> <tbody> <tr> <td>WITHOUT GLASSES</td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>WITH PRESENT GLASSES</td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>COLOR</td> <td>Normal ()</td> <td>Red ()</td> <td>Green ()</td> <td>Amber ()</td> </tr> </tbody> </table> <p>SIGNATURE OF EXAMINER _____</p>	ACUITY	RIGHT EYE	LEFT EYE	BOTH EYES	WITHOUT GLASSES	20/	20/	20/	WITH PRESENT GLASSES	20/	20/	20/	COLOR	Normal ()	Red ()	Green ()	Amber ()				
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WITH PRESENT GLASSES	20/	20/	20/																			
COLOR	Normal ()	Red ()	Green ()	Amber ()																		
<p style="text-align: center;">CERTIFICATION OF SPECIALIST</p> <p>I, _____ certify that I have personally examined the eyes of the above named, that a true record of my examination appears here on and that he or she signed below in my presence.</p> <p>SIGNATURE OF SPECIALIST: _____</p> <p>BUSINESS ADDRESS: _____</p> <p>TELEPHONE NO. _____ MEDICAL LIC. NO. _____</p> <p>DATE OF EXAMINATION _____ EXAMINEE'S DRIVER'S LIC. NO. _____</p> <p>SIGNATURE OF EXAMINEE: _____</p>	<p style="text-align: center;">REPORT OF VISION SPECIALIST</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">ACUITY</th> <th style="width: 12.5%;">RIGHT EYE</th> <th style="width: 12.5%;">LEFT EYE</th> <th style="width: 12.5%;">BOTH EYES</th> </tr> </thead> <tbody> <tr> <td>WITHOUT GLASSES</td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>WITH PRESENT GLASSES</td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>WITH BEST CORRECTION</td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>COLOR</td> <td>Normal ()</td> <td>Red ()</td> <td>Green ()</td> <td>Amber ()</td> </tr> </tbody> </table> <p style="text-align: center;">FIELD OF VISION</p> <p>TO RIGHT OF POINT OF FIXATION _____</p> <p>TO LEFT OF POINT OF FIXATION _____</p> <p>TOTAL ANGLE _____</p>	ACUITY	RIGHT EYE	LEFT EYE	BOTH EYES	WITHOUT GLASSES	20/	20/	20/	WITH PRESENT GLASSES	20/	20/	20/	WITH BEST CORRECTION	20/	20/	20/	COLOR	Normal ()	Red ()	Green ()	Amber ()
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COLOR	Normal ()	Red ()	Green ()	Amber ()																		



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): (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

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.donatelifetexas.org/my-dlit/. 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.

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?

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)

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.

UNITED STATES SELECTIVE SERVICE

Any male at least 18 but younger than 26 years of age submitting this application consents to registration with the United States Selective Service System. Alternative options for those who object to conventional military service for religious or other conscientious reasons may be found at: <https://www.sss.gov/About/Alternative-Service>. By submitting this application, I am consenting to registration with the United States Selective Service System if my registration is required by federal law.

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



CDL-1 - TEXAS COMMERCIAL DRIVER LICENSE APPLICATION

NOTICE: This application must be completed in ink and a response is required for each field. **Applications held for 90 days only. DPS CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED.**

Select one: Original Renewal Change

Commercial Driver License Number (If Applicable) _____

FOR DEPARTMENT USE ONLY

ASSIGNED # _____

RESTRICTIONS _____

ENDORSEMENTS _____

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 _____

INSTRUCTIONS: Indicate the type of license and any applicable endorsements and/or airbrake requirements you are applying for.

CLASS	CLP	ENDORSEMENTS	AIRBRAKES
<input type="checkbox"/> Class A - CDL	<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	<input type="checkbox"/> Double/Triple Trailer <input type="checkbox"/> Tank Vehicle	<input type="checkbox"/> Vehicle with Airbrakes
<input type="checkbox"/> Class B - CDL	<i>CLP holders must wait 14 days after</i>	<input type="checkbox"/> Passenger	<input type="checkbox"/> Vehicle without Airbrakes
<input type="checkbox"/> Class C - CDL	<i>issuance of CLP to take the Skills Test</i>	<input type="checkbox"/> School Bus	
		<i>Must be a U.S. Citizen or Lawful Permanent Resident</i>	

REQUIRED INFORMATION FROM ALL APPLICANTS

YES NO

- Will you be operating a commercial motor vehicle in INTERSTATE or FOREIGN commerce?
If Yes, you must be able to certify to the CDL-4, Qualification of Interstate Driver Certification **OR** Complete CDL-10, Certificate of Federal Physical Exemption, if you are eligible. If No, you must be able to certify to the CDL-5, Qualifications of Intrastate Driver Certification.
- Do you meet the qualification requirements to have your knowledge and/or skills test waived? If yes, complete form CDL-3A, or CDL-3B.
- Are you a citizen or lawful permanent resident of the United States?
- If you answered no to question #3, are you a Refugee, Asylee, or U.S. National?
- 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.
- 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.
- 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).
- Are you a veteran? If you answered "No" for question 8, mark "No" to questions a, b and c below (every question must be answered).
 a.) Do you want a Veteran designator on your DL or ID, or
 b.) 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)
 c.) 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

YES NO

- 9. Do you have a health condition that may impede communication with a peace officer? If yes, please list: *(Physician must complete form DL-101)*.
- 10. 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.
- 11. Are you at this time placed out-of-service? Why? _____
- 12. Have you ever had a driver license or instruction permit in Texas? Number _____ When? _____
- 13. Have you ever had a driver license or instruction permit in any other state in the last ten years? If yes, list state and driver license number.
State _____ Number _____ State _____ Number _____
- 14. Have you ever had a driver license or instruction permit in any foreign jurisdiction? If yes, list the foreign jurisdiction. _____
- 15. Have you ever had a Texas identification card? Number _____ When? _____
- 16. Are you enrolled in or have you completed an approved driver education course?
- 17. Are you currently enrolled in or have you completed an approved Entry Level Driver training course?
- 18. 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

- 19. Do you own a motor vehicle that is required to be registered? (Texas Transportation Code section 502.040)
- 20. Do you own a motor vehicle that is required to have liability insurance OR other proof of financial responsibility in compliance with the State Motor Vehicle Safety Responsibility Act? (Texas Transportation Code section 601.051)

MEDICAL HISTORY

- 21. 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: _____
- 22. Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, how? Please explain:

- 23. Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
- 24. 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?
- 25. Within the past two years have you been treated for any other serious medical conditions? Please explain:

- 26. Have you **EVER** been referred to the Texas Medical Advisory Board for Driver Licensing?

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.

UNITED STATES SELECTIVE SERVICE
Any male at least 18 but younger than 26 years of age submitting this application consents to registration with the United States Selective Service System. Alternative options for those who object to conventional military service for religious or other conscientious reasons may be found at: <https://www.sss.gov/About/Alternative-Service>. By submitting this application, I am consenting to registration with the United States Selective Service System if my registration is required by federal law.

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 _____, _____