



NOTICE OF CANCELLATION / REINSTATEMENT

() Public or Parochial School () Commercial Driving Training School

This is to request that the Driver Education Certificate issued to:

Name, _____

Date of Birth _____, Address _____, Texas,

holder of Driver License No. _____, is hereby

cancelled for failure to complete a prescribed course in Driver and Traffic Education as approved by the Texas Department of Licensing and Regulation.

reinstated due to re-enrolling in a prescribed course in Driver and Traffic Education as approved by the Texas Department of Licensing and Regulation.

Signature of the DE Instructor

School, College or University

Certificate # _____ Date _____

DL-42 (Rev. 9/15)

Mail to:
ENFORCEMENT & COMPLIANCE SERVICE
TEXAS DEPARTMENT OF PUBLIC SAFETY
PO BOX 4087, AUSTIN, TX 78773-0320