



- MUST USE MOST **CURRENT FORM**
- **PRINT CLEARLY IN BLACK INK**
- **MAKE SURE ENTIRE CIRCLE IS FILLED**

## Vehicle Inspection

EXAMPLE:

Yes  No

### Application Fee Exemption Form – Armed Services

Pursuant to Texas Occupations Code, Chapter 55, this form may waive the application fee for individual registrations.

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

Applicant Last Name	Applicant First Name	M.I.	Suffix (If Any)
Date of Birth (MM/DD/YYYY) / /	Gender: Male <input type="radio"/> Female <input type="radio"/>		
U.S. Driver's License No.	State of Issue	Expiration Date	
E-mail Address:			

COMPLETE EITHER PART I., PART II. OR PART III.

#### PART I. ACTIVE DUTY MILITARY SERVICE MEMBER ONLY

I certify I am a full-time military service member in the armed forces of the United States or active duty military service as a member of the Texas military forces, as defined by Texas Government Code §437.001, or similar military service of another state. Please submit a copy of your valid government issued photo ID (front only) and a copy of your current orders with this form. Yes  No

#### PART II. MILITARY VETERAN

I certify that I have served on active duty and was discharged or released from active duty. Please submit a copy of your valid government issued photo ID (front only) and a copy of your DD-214 (Member Copy 4) with this form. Yes  No

#### PART III. ACTIVE MILITARY SPOUSE

I certify I am married to an active duty military service member. Please submit a copy of your marriage license or copy of DEERS filing and a copy of your spouse's current military orders. Yes  No

#### PART IV. DECLARATION

I certify I hold a current license issued by another jurisdiction that has licensing requirements that are substantially equivalent to the requirements for registration in Texas. Please submit a copy of this license. Yes  No

I verify that the information provided is true and correct, and I understand that this is an official Government record and that any false statement made on this document or any other supplement provided to the Department may result in criminal prosecution.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This form and attachments can be faxed to (512) 424-2787 or (512) 424-7728 or mailed to:

**Texas Department of Public Safety**  
**PO Box 4087**  
**Austin, TX 78773-0001**

This form and attachments can also be uploaded through your computer in the RSD Contact Us tab in the drop down menu titled [Submit Military Documents](#).

