

# TEXAS DEPARTMENT OF PUBLIC SAFETY

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[www.dps.texas.gov](http://www.dps.texas.gov)



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This packet is in response to your request for an out of state renewal/replacement of your Texas 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; not all may apply to your specific circumstance.

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 SSN, identity, lawful presence and Texas residency, please visit our website at [www.dps.texas.gov/driverlicense](http://www.dps.texas.gov/driverlicense). A partial list is available on the fact sheet provided.

## Additional Reminders

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:** [www.texasattorneygeneral.gov](http://www.texasattorneygeneral.gov) **Email:** [child.support@texasattorneygeneral.gov](mailto:child.support@texasattorneygeneral.gov)

**Mailing Address:** The Attorney General of Texas

Child Support Division

PO Box 12017

Austin, Texas 78711-2017

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

DPS offers a VETERAN designation printed on the face of driver licenses and identification cards for qualifying Veterans. Veterans wanting a VETERAN designator must present a copy of or an original DD-214/DD-215/NGB-22/US Department of VA disability letter/proof of service/verification of honorable service card and request the designation. This designator is applicable for those that are no longer on active duty.

Manager  
License and Record Service  
Driver License Division



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

A Texas resident who is temporarily out of the state/country may be eligible to renew a DL/ID online, by telephone, invitation by mail, or through the Department of Public Safety Out-of-State desk. Any out of state Texas resident who is not eligible for online, telephone, or invitation by mail renewal/replacement/change services must complete and mail in the forms in this packet to renew or replace their DL/ID.

Before completing any forms in this packet, please take a minute to read the information provided that describe your specific situation. All the references may not apply to your circumstances.

## Lawful Status

An applicant who is not a U.S. citizen, U.S. national, lawful permanent resident, refugee, or asylee must present proof of lawful presence in the U.S. before being issued an original, renewal, or duplicate Texas driver license or identification card. In order to renew the DL/ID, the applicant **MUST VISIT A DRIVER LICENSE OFFICE** and show valid documentation of a status change or extension of stay in the U.S. If you are unable to present Lawful Presence documentation, DPS cannot issue a DL/ ID.

## Texas Residency

Individuals may renew or request a replacement of their Texas driver license or ID card while living outside of the state if their true, fixed and permanent home (domicile) is Texas. To verify Texas residency, an individual must submit copies of two documents containing the individual's name and Texas residential address. The documents provided must be provided by different companies or agencies. For a complete list of acceptable documents refer to the back of the Texas Residency Affidavit in this packet. Individuals who are unable to provide two acceptable documents may be eligible to complete the Texas Residency Affidavit.

## Drivers Age 79 or Older

Individuals age 79 or older **MUST** renew their non-commercial or commercial driver license (CDL) in person at a driver license office and take a vision test.

## Social Security Number (SSN) Requirements

Applicants for an out of state/country renewal/replacement/change of a driver license and identification card must submit proof of SSN if not already on file with DPS. A facsimile of the proof of SSN is acceptable. The SSN must be stated on the document provided. Acceptable documents for proof of SSN are: social security card; pilot's license; military identification (active, reserve or dependent status); Peace officer's license - Texas Commission on Law Enforcement – TCOLE; DD-214; Medicaid or Medicare card; Health Insurance Card; Certified College or University transcript; IRS form W-2 and Tax Statement; Form 1099-MISC; or Pay stub (**must include name and SSN**).

## Commercial Driver License Holders

The Commercial Driver License (CDL) Law mandates that a CDL must include the applicant's color photograph; therefore, **Drivers who need a Commercial Class A, B, or C Driver License, 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. Operators of Class A or B vehicles who are exempt from the CDL Act may renew by mail. If you qualify for a class A or B non-CDL, please complete the Exemption Certification for a Class A or B Non-CDL Supplement to Texas Driver License Application (CDL-2) form. This does not apply to military spouses or dependents. Only active duty military may have an address outside of Texas on the license.

## For Active Duty Military

A Texas driver license remains valid for any person who enters or is in the United States armed forces service and remains absent from Texas. The military member has ninety (90) days following the date they are honorably separated from the service or return to Texas, to renew their license (unless the license is suspended, cancelled, or revoked).

## Are you Eligible to Renew through the Out of State/Country desk?

If you meet the following criteria, you are eligible to renew your license through the out of state/country desk.

- Meet Texas residency requirements;
- Card will expire in less than one year and has not been expired for more than two years, unless active duty military;
- Between 18-79 years of age;
- Does not have a commercial driver license or occupational license;
- Not a sex offender subject to the registration requirements of Chapter 62, Code of Criminal Procedure;
- Vision, physical, or mental condition have not changed in a way that affects the ability to operate a motor vehicle.
- Not currently suspended, revoked, canceled or have any warrants or outstanding traffic tickets (for more information please visit our website at: <http://www.dps.texas.gov/DriverLicense/OnlineServices.htm>);
- Record does not reflect an administrative or card status due to driving ability or a medical condition that requires periodic review, including any medical or physical condition that may affect the licensee's ability to operate a motor vehicle;

- U.S. Citizen;
- Social Security number on file with the Department; or
- Does not currently hold a Limited Term driver license.
- Provisional licenses must be renewed in a Texas driver license office.

To request a replacement /change or renewal of a Texas non-commercial DL/ID card while residing out of Texas or the Country, please read and follow the instructions below.

**Replacement or Name Change** (complete and submit all forms listed):

1. Out of State/Country Application (DL-16). For a replacement of your DL/ID card, answer questions 1-9 only.
2. You MUST submit proof of Social Security Number. Refer to the first page for requirements.
3. Proof of Lawful Status. Refer to the first page for requirements.
4. Submit required fee.
5. If name change is marriage related, provide a copy of marriage license, divorce decree, or spouse's death certificate. If not marriage related, provide a copy of certified court order or amended birth certificate.

**Note: The Department will accept 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.**

**Renewals for a Driver License/Identification Card** (complete and submit all forms listed):

1. Out of State/Country Application (DL-16). For a driver license renewal, answer questions 1-16; answer questions 1-9 for an ID card renewal.
2. You MUST submit proof of Social Security Number. Refer to the first page for requirements.
3. Explanation For Eye Specialist (DL-63). Applicants for renewal of a driver license 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.
4. Proof of Lawful Status.
5. **Military Only** - Application for Texas DL/ID Card (DL-14A) is required if license is expired over 2 years. Please include a copy of your expired driver license along with a copy of your military identification card (front and back). As a state agency, DPS is authorized to request copies of military identification cards.
6. Class A or B non-commercial Only - Exemption Certification for a Class A or B Non-CDL Supplement to Texas Driver License Application (CDL-2) form is required for renewals only.
7. Submit required fee.

**Adding a Motorcycle license to your Texas driver license:**

1. Complete out of state/country application (DL-16)
2. Complete a Motorcycle Safety Course (MSF) course, approved by the Motorcycle Safety Foundation.
3. A MSF Completion certificate or card.
4. Submit required fee.

Questions regarding completion of applications should be directed to the License and Record Services at 512/424-2234 or by email at [701@dps.texas.gov](mailto:701@dps.texas.gov).

**Fees:**

Class A,B,C NON-CDL	\$24.00	6 years
Class M (or combination)	\$32.00	6 years
Class M Only (adding)	\$15.00	Current exp. date
Duplicate (DL/ID)	\$10.00	Current exp. date
Provisional A,B,C NON-CDL	\$15.00	Next DOB
Provisional M (or combination)	\$23.00	Next DOB
ID (60 yrs & over)	\$5.00	Indefinite
ID (under 60 yrs)	\$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 the **Texas Department of Public Safety: TEXAS DEPARTMENT OF PUBLIC SAFETY, LICENSE AND RECORD SERVICE, P O BOX 149008, AUSTIN, TEXAS 78714-9008**

For more licensing requirement information, please visit our website at [www.dps.texas.gov/DriverLicense/](http://www.dps.texas.gov/DriverLicense/).

**TRC Statutory Authority:** Sec. 521.028, Sec. 521.101, Sec. 521.102, Sec. 521.124, Sec. 521.142, Sec. 521.1425, Sec. 521.1426, Sec. 521.1427, Sec. 521.146, Sec. 521.148, Sec. 521.2711, Sec. 521.274.

**Statutory Authority:**

37 Texas Administrative Code, Section 15.49

# APPLICATION FOR OUT OF STATE/COUNTRY RENEWAL/CHANGE OF A TEXAS DRIVER LICENSE OR IDENTIFICATION CARD

D	L	/	I	D	#				
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Mail Check or Money Order to:  
Texas Department of Public Safety,  
POB 149008, Austin, Tx 78714-9008

## APPLICANT INFORMATION

L	A	S	T		N	A	M	E											
F	I	R	S	T		N	A	M	E										
M	I	D	D	L	E		N	A	M	E									
S	U	F	F	I	X														
M	A	I	D	E	N		N	A	M	E									
M	M	/	D	D	/	Y	Y	Y	Y										
S	S	N	-			-													

RACE/ETHNICITY: ☐ (I) American Indian/Alaska Native  
(A) Asian/Pacific Islander (B) Black (H) Hispanic (O) Other (W) White

E Y E C O L O R Height:  ft.  in.

## CONTACT INFORMATION

H	O	M	E		P	H	O	N	E										
O	T	H	E	R		P	H	O	N	E									
E	M	A	I	L															

## ADDRESS INFORMATION

R	E	S	I	D	E	N	C	E											
C	I	T	Y														S	T	
Z	I	P								C	O	U	N	T	Y				
M	A	I	L	I	N	G				A	D	D	R	E	S	S			
C	I	T	Y														S	T	
Z	I	P								C	O	U	N	T	Y				

## REQUIRED INFORMATION FROM ALL APPLICANTS

- | YES   | NO                       |  |
|---|--------------------------|--|
| 1. <input type="checkbox"/>   | <input type="checkbox"/> | Are you a citizen of the United States?  |
| 2. <input type="checkbox"/>   | <input type="checkbox"/> | If you are a US citizen, would you like to register to vote? If registered, would you like to update your voter information?   |
| 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. <input type="checkbox"/>   | <input type="checkbox"/> | Do you wish to donate \$1.00 to the Blindness Education Screening and Treatment Program?   |
| 4. <input type="checkbox"/>   | <input type="checkbox"/> | 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  |
| 5. <input type="checkbox"/>   | <input type="checkbox"/> | Would you like to register as an organ donor?  |
| 6. <input type="checkbox"/>   | <input type="checkbox"/> | 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).  |
| 7. <input type="checkbox"/>   | <input type="checkbox"/> | Do you want to support Texas Veterans? If yes, please indicate your donation amount \$____.00  |
| 8. <input type="checkbox"/>   | <input type="checkbox"/> | Do you have a health condition that may impede communication with a peace officer? If yes, please list. _____<br>(physician must complete form DL-101 prior to the issuance of a DL/ID).   |
| 9. <input type="checkbox"/>   | <input type="checkbox"/> | a) Do you want a Veteran designator on your driver license or identification card? (proof of Honorable discharge required; acceptable documents are DD214/5, NGB22, VA disability letter, proof of service/verification of honorable service card) |
|   | <input type="checkbox"/> | b) Are you a 60% disabled Veteran receiving compensation and want to waive the application fee? (see 9a for documents required)  |
| 10. <input type="checkbox"/>  | <input type="checkbox"/> | 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 _____   |

## ADDITIONAL INFORMATION REQUIRED FOR RENEWALS ONLY The answers to the questions below are for the confidential use of the Department.

11. ☐ ☐ 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 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
- If you answered **YES** above, has your condition ☐ **IMPROVED** or ☐ **DETERIORATED** since your last application for an original/renewal/remake of your driver license?
12. ☐ ☐ Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, please explain: \_\_\_\_\_
13. ☐ ☐ Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
14. ☐ ☐ Do you have diabetes requiring treatment by insulin?
15. ☐ ☐ 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?
16. ☐ ☐ Within the past two years, have you been treated for any other serious medical conditions?  
Explain: \_\_\_\_\_
17. ☐ ☐ Have you **EVER** been referred to the Texas Medical Advisory Board for Driver Licensing?

## UNITED STATES SELECTIVE SERVICE

Any male United States citizen or immigrant who is at least 18 years of age but less than 26 years of age **submitting this application consents to registration with the United States Selective Service System.** You must be registered to qualify for federal student aid (to include Pell grant), job training, federal employment, and citizenship if an immigrant. In Texas, you must be registered to qualify for state college student aid or state employment. If convicted, failure to register with the Selective Service is a felony punishable by up to five years in prison and/or a \$250,000 fine. If not registered by age 26, you can no longer register and could permanently lose those benefits associated with registration. For alternative options for applicants who object to conventional military service for religious or other conscientious reasons information is available at: <http://www.sss.gov/FactSheets/FSaltsvc.pdf>.

I do solemnly swear, affirm, or certify that I am the person named herein and that the statements on this information form are true and correct. I further certify my residence address is a (check 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.

## 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;"><b>REPORT OF EXAMINER</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">ACUITY</th><th style="width: 15%;">RIGHT EYE</th><th style="width: 15%;">LEFT EYE</th><th style="width: 50%;">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 ( ) 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 ( )				
ACUITY	RIGHT EYE	LEFT EYE	BOTH EYES																		
WITHOUT GLASSES	20/	20/	20/																		
WITH PRESENT GLASSES	20/	20/	20/																		
COLOR	Normal ( )	Red ( )	Green ( ) Amber ( )																		
<p style="text-align: center;"><b>CERTIFICATION OF SPECIALIST</b></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 _____ MEDICAL NO. _____ LICENSE NO. _____</p> <p>DATE OF EXAMINATION _____ EXAMINEE'S DRIVER'S LIC. NO. _____</p> <p>SIGNATURE OF EXAMINEE: _____</p>	<p style="text-align: center;"><b>REPORT OF VISION SPECIALIST</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">ACUITY</th><th style="width: 15%;">RIGHT EYE</th><th style="width: 15%;">LEFT EYE</th><th style="width: 50%;">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 ( ) Amber ( )</td></tr></tbody></table> <p style="text-align: center;"><b>FIELD OF VISION</b></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 ( )
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 ( )																		



# APPLICATION FOR TEXAS DRIVER LICENSE OR IDENTIFICATION CARD

NOTICE: All information on this application must be in INK. Applications held only 90 days.

DPS CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED.

FOR DEPARTMENT USE ONLY  
RESTRICTIONS/ENDORSEMENTS

ASSIGNED # \_\_\_\_\_

APPLICATION for: ☐ DRIVER LICENSE ☐ COMMERCIAL DRIVER LICENSE (CDL) ☐ LEARNER LICENSE  
☐ IDENTIFICATION CARD ☐ NON-RESIDENT COMMERCIAL DRIVER LICENSE Class (Circle) A B C M

## APPLICANT INFORMATION

LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
MIDDLE NAME: \_\_\_\_\_  
SUFFIX: \_\_\_\_\_  
MAIDEN NAME: \_\_\_\_\_  
DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
SEX: (Circle One) MALE FEMALE  
EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_  
RACE/ETHNICITY: \_\_\_\_\_ (I) American Indian/Alaska Native  
(A) Asian/Pacific Islander (B) Black (H) Hispanic (O) Other (W) White  
HEIGHT: ft. \_\_\_\_\_ in. \_\_\_\_\_ WEIGHT: lbs. \_\_\_\_\_  
PLACE OF BIRTH: CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
FATHER'S LAST NAME: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

## CONTACT INFORMATION

HOME PHONE: \_\_\_\_\_  
OTHER PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## ADDRESS INFORMATION

RESIDENCE ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

## REQUIRED INFORMATION FROM ALL APPLICANTS

- | YES   | NO                       |  |
|---|--------------------------|--|
| 1. <input type="checkbox"/>   | <input type="checkbox"/> | Are you a citizen of the United States?  |
| 2. <input type="checkbox"/>   | <input type="checkbox"/> | If you are a US citizen, would you like to register to vote? If registered, would you like to update your voter information?   |
| 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. <input type="checkbox"/>   | <input type="checkbox"/> | Do you wish to donate \$1.00 to the Blindness Education Screening and Treatment Program?   |
| 4. <input type="checkbox"/>   | <input type="checkbox"/> | 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   |
| 5. <input type="checkbox"/>   | <input type="checkbox"/> | Would you like to register as an organ donor?  |
| 6. <input type="checkbox"/>   | <input type="checkbox"/> | 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).   |
| 7. <input type="checkbox"/>   | <input type="checkbox"/> | Do you want to support Texas Veterans? If yes, please indicate your donation amount \$_____.00   |
| 8. <input type="checkbox"/>   | <input type="checkbox"/> | Do you have a health condition that may impede communication with a peace officer? If yes, please list _____ (physician must complete form DL-101 prior to the issuance of a DL/ID).   |
| 9. <input type="checkbox"/>   | <input type="checkbox"/> | a) Do you want a Veteran designator on your driver license or identification card? (proof of Honorable discharge required; acceptable documents are DD214/5, NGB22, VA disability letter, proof of service/verification of honorable service card) |
|   | <input type="checkbox"/> | b) Are you a 60% disabled Veteran receiving compensation and want to waive the application fee? (see 9a for documents required)  |
| 10. <input type="checkbox"/>  | <input type="checkbox"/> | In the event of injury or death would you like to provide two (2) emergency contacts? If yes, please list:<br>a) Name _____ Telephone Number _____ Address _____<br>b) Name _____ Telephone Number _____ Address _____                             |
| 11. <input type="checkbox"/>  | <input type="checkbox"/> | Have you ever had a Texas identification card? Number _____ When? _____  |
| 12. <input type="checkbox"/>  | <input type="checkbox"/> | Have you ever had a driver license or instruction permit in Texas? Number _____ When? _____  |
| 13. <input type="checkbox"/>  | <input type="checkbox"/> | Have you ever had a license or instruction permit in any other state? List state(s) _____<br>Number(s) _____ When? _____   |

## REQUIRED INFORMATION FROM DRIVER LICENSE APPLICANTS

- | YES   | NO                       | DRIVING HISTORY INFORMATION   |
|---|--------------------------|---|
| 14. <input type="checkbox"/>                          | <input type="checkbox"/> | Are you enrolled in or have you completed an approved driver education course?  |
| 15. <input type="checkbox"/>                          | <input type="checkbox"/> | Is your driver license or driver privilege <b>CURRENTLY</b> or <b>EVER</b> been suspended, revoked, canceled, denied or disqualified in <b>ANY</b> state? Where? _____ When? _____ Why? _____                                   |
| <b>VEHICLE REGISTRATION AND INSURANCE INFORMATION</b> |                          |   |
| 16. <input type="checkbox"/>                          | <input type="checkbox"/> | Do you own a motor vehicle which is required to be registered (Texas Transportation Code Section 502.040)?  |
| 17. <input type="checkbox"/>                          | <input type="checkbox"/> | Do you own a motor vehicle which 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)? |

## UNITED STATES SELECTIVE SERVICE

Any male United States citizen or immigrant who is at least 18 years of age but less than 26 years of age submitting this application consents to registration with the United States Selective Service System. You must be registered to qualify for federal student aid (to include Pell grant), job training, federal employment, and citizenship if an immigrant. In Texas, you must be registered to qualify for state college student aid or state employment. If convicted, failure to register with the Selective Service is a felony punishable by up to five years in prison and/or a \$250,000 fine. If not registered by age 26, you can no longer register and could permanently lose those benefits associated with registration. For alternative options for applicants who object to conventional military service for religious or other conscientious reasons information is available at: <http://www.sss.gov/FactSheets/FSaltsvc.pdf>.

**DRIVER LICENSE APPLICANTS: Answers to 1 through 7 below are for the confidential use of the Department.**

- | YES  | NO                       | MEDICAL HISTORY QUESTIONS   |
|--|--------------------------|---|
| 1.   | <input type="checkbox"/> | <input type="checkbox"/> 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?                              |
| <b>EXAMPLES, including but not limited to:</b> Diagnosis or treatment for heart trouble, stroke, hemorrhage or clots, high blood pressure, emphysema (within 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 medical condition: _____   |                          |   |
| 2.   | <input type="checkbox"/> | <input type="checkbox"/> Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, please explain: _____   |
| _____  |                          |   |
| 3.   | <input type="checkbox"/> | <input type="checkbox"/> Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?   |
| 4.   | <input type="checkbox"/> | <input type="checkbox"/> Do you have diabetes requiring treatment by insulin?   |
| 5.   | <input type="checkbox"/> | <input type="checkbox"/> 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.   | <input type="checkbox"/> | <input type="checkbox"/> Within the past two years have you been treated for any other serious medical conditions? Please explain: _____  |
| _____  |                          |   |
| 7.   | <input type="checkbox"/> | <input type="checkbox"/> Have you <b>EVER</b> 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.

**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 (check 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

Texas law requires the Texas Department of Public Safety must provide every minor applicant (under age 18), and cosigner, for a driver license in Texas, educational information concerning state laws relating to driving while intoxicated, driving by a minor with alcohol in the minor's system, and the implied consent law. The minor applicant and the cosigner must acknowledge receipt of that information prior to issuance of any driver license or permit.

I hereby acknowledge receipt of the information concerning DWI, the Zero Tolerance Law and the Implied Consent Law.

\_\_\_\_\_  
Minor Applicant

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date of Receipt

**PARENTAL AUTHORIZATION**

Required for all driver license applicants under the age of 18

I do solemnly swear, affirm, or certify that I am the person named herein, that the statements on this application are true and correct, that the above named applicant is my ( ) child ( ) stepchild ( ) ward, and that I have legal custody of the applicant. I authorize the Department of Public Safety to issue a Class ( ) A, ( ) B, ( ) C, or ( ) M license to said minor. The Department can access the said minor's school enrollment records from the Texas Education Agency, and a school administrator or law enforcement officer is authorized to notify the Department if the said minor is absent from school for at least 20 consecutive instructional days.

\_\_\_\_\_  
Usual Written Signature of Parent or Guardian

\_\_\_\_\_  
Driver License Number

\_\_\_\_\_  
Date

**WAIVER OF PARENTAL AUTHORIZATION**

Parental Authorization waived. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
DL Employee

\_\_\_\_\_  
ACID

**VERIFICATION**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Texas/Authorized Officer

**SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE**

Disclosure of your social security account number is mandatory for identification card and driver license applicants. This information is solicited pursuant to 42 U.S.C. 405(c)(2)(C)(i), 42 U.S.C. 666(a)(13)(A); 49 C.F.R. 383.153, Texas Family Code Section 231.302(c)(1) and Texas Transportation Code Sections 522.021 and 521.142. The Department will use social security number information for identification purposes and will only release the number to the Child Support Enforcement Division of the Attorney General's Office, the U.S. Selective Service Administration, the Texas Secretary of State and the Health and Human Services Commission for statutorily authorized purposes pursuant to Texas Transportation Code Section 521.044.





# Texas Residency Affidavit



**Instructions for completion are on back of form**

To be eligible for a Texas driver license or identification card, the applicant must be a resident of or domiciled in Texas. If the applicant cannot provide two acceptable residency documents from the list found on the back of this form, this affidavit may be used as evidence of residency in Texas.

\*Texas domicile rules are in the Texas Administrative Code (37 TAC §§ 15.49 and 16.15).

The applicant for a Texas driver license or identification card must complete **Section A**.

## A. Applicant Information

**Name**

**Residence Address**

**City**

**State**

**ZIP Code**

I certify that the information provided above is true and correct. I understand that according to Texas law, it is a crime to knowingly make any false statement relating to the application for a driver license or identification card.

**Applicant's Signature**

**Date**

A representative who provides services to the applicant at the address in **Section A** must complete **Section B** certifying that the applicant resides or receives services at that address.

The individual who resides at the address in **Section A** must complete **Section B** certifying that the applicant resides at that address and provide two acceptable documents establishing proof of residency. If the individual who completes **Section B** is not related to the applicant, they must accompany the applicant and submit this affidavit in person.

## B. Individual or Representative Information

**Name of Individual or Representative**

**If a representative, please provide the affiliate organization**

**Business or Residence Address**

**City**

**State**

**ZIP Code**

The applicant and the individual or representative must sign Section B.

The individual or representative for the applicant must certify and sign the following section. I certify the information submitted on behalf of the above applicant is true and correct. The applicant does live at my residence or receives services at the location listed above. I understand that according to Texas law, it is a crime to knowingly make any false statement relating to application for a driver license or identification card.

**Certifier's Signature**

**Date**

**Notarization (if required) may be provided in the space below**

# Instructions

The applicant must use this affidavit to support their claim of residency or being domiciled in Texas. This form and any proof submitted do not guarantee the issuance of a Texas driver license or identification card.

1. The form must be complete, legible, and signed by the applicant and the individual or representative.
2. Provide copy of two acceptable documents to support the applicant's claim of residence or domicile in Texas.
3. For individuals who are related, provide copies of two acceptable residency documents, document(s) demonstrating family relationship, and the signed affidavit. Acceptable documents demonstrating family relationship may include, but are not limited to:
  - Marriage license
  - Military dependent identification card
  - Birth certificate
  - Adoption records
4. For individuals who are non-family, provide copies of two acceptable residency documents and the signed affidavit. The individual must accompany the applicant and present a valid Texas driver license or identification card.
5. A representative of a governmental entity, not-for-profit organization, assisted care facility/home, adult assisted living facility/home, homeless shelter, transitional service provider, or group/half way house must provide a notarized letter certifying to the address where the applicant resides or receives services and verifying they receive mail for the applicant in lieu of two acceptable residency documents. This representative is not required to accompany the applicant.
6. An applicant is not required to comply with this section if they are subject to the address confidentiality program administered by the Office of the Attorney General or currently incarcerated in a Texas Department of Criminal Justice facility.
7. DPS determines if submitted documents are acceptable and has the authority to reject or require additional evidence to verify residence address.

## Acceptable residency documents:

The following are acceptable as long as they include the name of the applicant and their Texas residential address and show the applicant has lived in Texas for at least 30 days prior to application:

- Current deed, mortgage, monthly mortgage statement, mortgage payment booklet, or a residential rental/lease agreement
- Valid, unexpired Texas voter registration card
- Texas motor vehicle registration or title
- Texas boat registration or title
- Texas concealed handgun license
- An electric, water, natural gas, satellite television, cable television, or non-cellular telephone statement dated within 90 days of the date of application
- Selective Service card
- Current homeowner's or renter's insurance policy or homeowner's or renter's insurance statement or current automobile insurance policy or an automobile insurance statement
- Texas high school, college, or university report card or transcript for the current school year
- W-2 or 1099 tax form from the current tax year
- Mail from financial institutions; including checking, savings, investment account, and credit card statements dated within 90 days of the date of application
- Mail from a federal, state, county, or city government agency dated within 90 days of the date of application
- Current automobile payment booklet
- Current documents issued by the US military indicating residence address
- Document from the Texas Department of Criminal Justice indicating the applicant's recent release or parole
- Medical or health card
- Pre-printed paycheck or payment stub dated within 90 days of the date of application
- Current Form DS2019, I-20, or a document issued by the United States Citizenship and Immigration Services  
**(non-commercial driver license and identification cards only)**