

YES NO

- 1. () () Are you a citizen of the United States?
2. () () Would you like to complete a voter registration application form today? You must be eligible.
3. () () Do you have a health condition that may impede communication with a peace officer? If yes, please list on line below.

(Must complete form DL-101)

- 4. () () Do you wish to donate \$1.00 to the Blindness Education Screening and Treatment Program?
() () Do you wish to donate \$1.00 to the Glenda Dawson Donate Life - Texas Registry Program?
() () Would you like to register as an organ donor?
() () Do you consent to the release of your name, date of birth, driver license number and recent address to the statewide internet-based registry of organ, tissue and eye donors and for release to qualified organ, tissue and eye bank organizations?

For all Driver License Renewals complete MEDICAL questions 5 to 11. The answers to the questions below are for the confidential use of the department.

- 5. () () 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", has your condition changed since you last made application for an original, renewal or duplicate driver license? () YES () NO
If "Yes", has your condition () IMPROVED () DETERIORATED?

- 6. () () Within the past two years have you been diagnosed with, been hospitalized for or are you now receiving treatment for a psychiatric disorder?
7. () () Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
8. () () Do you have diabetes requiring treatment by insulin?
9. () () 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?
10. () () Within the past two years, have you been treated for any other serious medical conditions? Explain.
11. () () Have you EVER been referred to the Texas Medical Advisory Board for Driver Licensing?

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 : () single family dwelling, () apartment, () motel, () temporary shelter. (check one) 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.

SIGNATURE OF APPLICANT DATE DL or ID NUMBER PHONE NUMBER
RESIDENCE ADDRESS, CITY, STATE, ZIP CODE COUNTY OF RESIDENCE MAILING ADDRESS IF DIFFERENT

FORMA DE INFORMACION (Todas los Aspirantes Por Favor Contesten Preguntas 1 ha 4)

SI NO

- 1. () () ¿Es usted Ciudadano de Los Estados Unidos?
2. () () ¿Le gustaria llenar la forma de registro de votante hoy? Tiene que ser elegible.
3. () () ¿Tiene usted condiciones medicas que puedan impedir la comunicacion con un oficial de la policia? Si "si", liste por favor.

(Tendra que Llenar forma DL-101)

- 4. () () ¿Desea usted donar \$1.00 a el Programa, de Educacion, Analisis y Tratamiento de la Ceguera?
() () ¿Desea usted donar \$1.00 a el Programa Glenda Dawson registro de donacion de Texas?
() () ¿Desea registrarse como un donante de organos?
() () ¿Desea usted dar permiso de admitir su nombre, fecha de nacimiento, numero de licencia, y domicilio ha el registro de la internet estatal de donaciones anatomicos y permitir acceso ha organizaciones de piel, organos, y ojos que qualifican en este programa?

Todos los aspirantes que renewan licencia de manejar por favor de contestar preuntas 5 ha 11.

Las respuestas de las siguientes preguntas son para el uso del Departamento.

- 5. () () ¿Ha recibido Ud. tratamiento médico o se le ha diagnosticado con alguna condición médica que pudiera afectar su habilidad de conducir un vehículo de motor con seguridad?
Por ejemplo: Diagnóstico o tratamiento de paros cardíacos, embolias, hemorragias o coágulos de sangre, alta presión, enfisema (en los últimos dos años). Heridas o enfermedades oculares como la glaucoma or degeneracion muscular. Pérdida del uso normal de manos, brazos, pies o piernas. Desmayos, ataques o pérdida del conocimiento en los últimos dos años. Pérdida de control muscular. Rigidez de cuello o coyunturas. Falta de coordinación manual. Cualquier condición de salud que afecte su juicio. Mareos o vértigo. Falta de extremidades.

Si contestó "Si", ha cambiado su condición de salud desde la última vez que hizo usted una solicitud para obtener una licencia de conducir? () SI () NO

Si contestó "Si", su condición se ha () MEJORADO () DETERIORADO

- 6. () () ¿Se le ha diagnosticado, hospitalizado, o tratado por desordenes psiquiaticos en los ultimos dos años?
7. () () ¿Ha sufrido ataques epilépticos, convulsiones, pérdida de conocimiento, o cualquier otro tipo de ataque?
8. () () ¿Tiene usted diabetes que requiera tratamiento a base de insulina?
9. () () ¿Tiene usted alguna adicción a las drogas o el alcohol que pudiera afectar su habilidad de conducir un vehíhulo de motor con seguridad o ha tenido usted algún episodio de abuso de alcohol o drogas en los últimos dos años?
10. () () ¿Ha recibido tratamiento médico por alguna otra enfermedad en los últimos dos años? Explique por favor.
11. () () ¿Ha sido referido Ud. alguna vez al Consejo Médico Consultativo de Licencias de Conducir (MAB)?

Yo juro, afirmo, o certifico que soy la persona nombrada en esto y que las declaraciones en esta aplicacion son verdaderas y correctas. Yo adelante certifico mi direccion de residencia es: () habitacion de familia sencilla, () apartamento, () motel, () sitio de refugio temporal. (Marque uno) y accedo a reportar inmediatamente al Departamento de Seguridad Pública cualesquiera cambios en mi condición médica que preden afectar mi habilidad para manejar sin peligro un vehículo automotor.

FIRMA DEL ASPIRANTE FECHA NUMERO DE LICENCIA O ID NUMERO TELEFONO
DOMICILIO, CIUDAD, ESTADO, CODIGO CONDADO DE RESIDENCIA DIRECCION POSTAL (SI ES DIFERENTE)

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 own driver's 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. _____ DRIVER'S LICENSE 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 ()																		

APPLICATION FOR TEXAS DRIVER LICENSE OR IDENTIFICATION CARD

FOR DEPARTMENT USE ONLY RESTRICTIONS/ENDORSEMENTS

NOTICE: All information on this application, except the signature, must be TYPEWRITTEN or PRINTED in BLACK INK. The signature shall be WRITTEN in BLACK INK. ONCE THIS APPLICATION FORM AND FEE HAVE BEEN SUBMITTED, NO REFUNDS WILL BE MADE. Applications held only 90 days.

ASSIGNED # _____

APPLICATION for: DRIVER LICENSE [] COMMERCIAL DRIVER LICENSE (CDL) [] (Circle Class Desired) LEARNERS LICENSE [] IDENTIFICATION CARD [] CLASS A B C M NON-RESIDENT COMMERCIAL DRIVER LICENSE []

APPLICANT INFORMATION CONTACT INFORMATION ADDRESS INFORMATION MAILING ADDRESS: LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX: MAIDEN NAME: DATE OF BIRTH: SOCIAL SECURITY NUMBER: SEX: MALE FEMALE EYE COLOR: HAIR COLOR: RACE: HEIGHT: ft. in. WEIGHT: LBS. UNITED STATES CITIZEN: yes no PLACE OF BIRTH: CITY: COUNTY: STATE: COUNTRY: FATHER'S LAST NAME: MOTHER'S MAIDEN NAME: HOME PHONE: OTHER PHONE: EMAIL: RESIDENCE ADDRESS: (in line below) CITY: COUNTY: STATE: ZIP CODE: COUNTRY: CITY: STATE: ZIP CODE: COUNTRY:

REQUIRED INFORMATION FROM ALL APPLICANTS:

- YES NO 1. [] [] Do you wish to donate \$1.00 to the Blindness Education Screening and Treatment Program? 2. [] [] Do you wish to donate \$1.00 to the Glenda Dawson Donate Life - Texas Registry? [] [] Would you like to register as an organ donor? [] [] Do you consent to the release of your name, date of birth, driver license number and recent address to the statewide internet-based registry of organ, tissue and eye donors and for release to qualified organ, tissue and eye bank organizations? 3. [] [] Do you have a health condition that may impede communication with a peace officer? If yes, Please list (must complete form DL-101) 4. [] [] Would you like to complete a voter registration application form today? You must be eligible. (¿Le gustaria llenar la forma de registro de votante hoy? Tiene que ser elegible.) 5. [] [] Have you ever had a Texas identification card? Number When? 6. [] [] Have you ever had a driver license or instruction permit in Texas? Number When? 7. [] [] Have you ever had a license or instruction permit in any other state? List State(s) Number(s) When?

REQUIRED INFORMATION FROM DRIVER LICENSE APPLICANTS:

- YES NO DRIVING HISTORY INFORMATION 8. [] [] Are you enrolled in or have you completed an approved driver education course? 9. [] [] Is your driver license or driver privilege CURRENTLY or EVER been suspended, revoked, canceled, denied or disqualified in ANY state? Where? When? Why? VEHICLE REGISTRATION AND INSURANCE INFORMATION 10. [] [] Do you own a motor vehicle which is required to be registered (Texas Transportation Code Section 502.002)? 11. [] [] 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)?

APPLICATION CONTINUED ON BACK

FOR DEPARTMENT USE ONLY

DOCUMENT PRESENTED: DOCUMENT NUMBER: ISSUING AGENCY: DOCUMENT PRESENTED: DOCUMENT NUMBER: ISSUING AGENCY: DOCUMENT PRESENTED: DOCUMENT NUMBER: ISSUING AGENCY: DOCUMENT PRESENTED: DOCUMENT NUMBER: ISSUING AGENCY: DOCUMENT PRESENTED: DOCUMENT NUMBER: ISSUING AGENCY:

DRIVER LICENSE APPLICANTS

The answers to questions 1 through 7 below are for the confidential use of the Department

YES NO

MEDICAL HISTORY QUESTIONS

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 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. Within the past two years, have you been diagnosed with, been hospitalized for or are you now receiving treatment for a psychiatric disorder?

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?

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 the driving privilege. False information could also lead to criminal charges with penalties of a fine up to \$4,000.00 and/or jail.

DO NOT SIGN 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 : () single family dwelling, () apartment, () motel, () temporary shelter. (check one) 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 _____

Pursuant to Texas law, the Texas Department of Public Safety will 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.

Usual Written Signature of Parent or Guardian

Driver License Number

Date

WAIVER OF PARENTAL AUTHORIZATION

Parental Authorization waived. Authority _____ DL Employee _____ # _____

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 driver license applicants, but voluntary for identification card 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 account 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 and the Texas Secretary of State for statutorily authorized purposes pursuant to Texas Transportation Code Section 521.044.

**EXEMPTION CERTIFICATION
FOR CLASS A OR B NON-CDL
SUPPLEMENT TO TEXAS DRIVER LICENSE APPLICATION**

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK.
The signature shall be WRITTEN in BLACK INK.

LAST NAME		/FIRST NAME			/MIDDLE NAME			/MAIDEN NAME		
DRIVER LICENSE NUMBER		BIRTH DATE				DESCRIPTION				
		MO.	DAY	YEAR	AGE NOW	EYE COLOR	HAIR COLOR	SEX	HEIGHT	WEIGHT
RESIDENCE ADDRESS				MAILING ADDRESS				SOCIAL SECURITY NUMBER		
City	State	Zip	City	State	Zip	COUNTY				

I will operate a commercial motor vehicle that exceeds 26,000 lbs GVWR and requires a Class A or B license that is exempted by the Texas Commercial Driver License Act. The Commercial Motor Vehicle that I will operate is defined in the following information. Check the appropriate box(es):

- () 1. A vehicle that is controlled and operated by a farmer and is:
 - a. used to transport agricultural products, farm machinery, or farm supplies to or from a farm; and
 - b. not used in the operations of a common or contract motor carrier; and
 - c. used within 150 miles of the person's farm;
- () 2. A fire-fighting or emergency vehicle necessary to the preservation of life or property or the execution of emergency governmental functions, whether operated by an employee of a political subdivision or by a volunteer fire fighter, or a fire fighter employed by a private company, e.g., a refinery;
- () 3. A military vehicle, when operated for military purposes by military personnel, including any active duty military personnel, members of the reserves and national guard on active duty, including personnel on full-time national guard duty, personnel on part-time training, and national guard military technicians;
- () 4. A recreational vehicle that is driven for personal use; or
- () 5. A vehicle that is owned, leased, or controlled by an "air carrier" as defined by Texas Transportation Code, Section 21.155, and that is driven or operated exclusively by an employee of the air carrier only on the premises of an "airport," as defined by Texas Transportation Code, Section 22.001, on service roads to which the public does not have access.
- () 6. A vehicle used exclusively to transport seed cotton modules or cotton burrs.

I DO SOLEMNLY SWEAR, AFFIRM, OR CERTIFY THAT I AM THE PERSON NAMED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION SUPPLEMENT ARE TRUE AND CORRECT. I FURTHER CERTIFY MY RESIDENCE ADDRESS IS A: () SINGLE FAMILY DWELLING, () APARTMENT, () MOTEL, () TEMPORARY SHELTER. (check one)

Write Usual Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Notary Public or Authorized Officer

FOR DEPARTMENT USE ONLY