

TEXAS DEPARTMENT OF PUBLIC SAFETY MINOR'S RESTRICTED DRIVER LICENSE APPLICATION



MINOR'S FULL NAME _____ BIRTHDAY _____

RESIDENCE ADDRESS _____ CITY _____ TX, ZIP CODE _____

MARITAL STATUS _____ HOME PHONE (____) _____ DAY PHONE (____) _____

READ THIS NOTICE: The Department may issue a driver license to any minor who satisfies the requirements if the Department finds that (1) the failure or refusal to issue such license to any such minor will work an unusual economic hardship on the FAMILY of the applicant for the license, (2) the license should be granted to the minor because of the sickness or illness of members of the family of the applicant, or (3) a license should be granted to the minor because he is regularly enrolled in a vocational education program and requires a driver license to pursue the program and has completed an approved course in driver education.

APPLICANT IS APPLYING FOR A RESTRICTED LICENSE UNDER THE FOLLOWING PROVISION(S):

1. An unusual economic hardship on the family of the minor.

2. A death-related emergency: Name of Deceased _____
Date of Death _____ Relationship to Deceased _____

3. Sickness or Illness or Disability of Family Members (PHYSICIAN'S STATEMENT REQUIRED)
Name of Family Member _____ Relationship _____
Family Physician _____ Phone Number (____) _____

4. Enrollment in a Vocational Education Program (CERTIFICATION FROM SCHOOL REQUIRED)
School _____ Phone Number (____) _____
Address of School _____ City _____
Time Classes Start _____ End _____ Days: MON TUES WED THUR FRI OTHER

ADDITIONAL INFORMATION

Does the minor have a Texas license or permit? NO YES License/Permit number _____
Has the minor ever applied for a Minor's Restricted License? NO YES Where? _____
Has the minor completed an approved driver education course? NO YES Classroom , Driving , or Both

FATHER'S NAME _____ License Number _____

Employed by _____ Address: _____

Work Hours: _____ Work Phone: (____) _____

MOTHER'S NAME _____ License Number _____

Employed by _____ Address: _____

Work Hours: _____ Work Phone: (____) _____

Other Members of the Household:

Name _____ License # _____ Relationship _____

Name _____ License # _____ Relationship _____

Name _____ License # _____ Relationship _____

Explain in detail necessary driving of minor and why others cannot perform this function: **NOTE: TRAVEL TO PARTICIPATE IN SCHOOL ACTIVITIES SUCH AS BAND, SPORTS, ETC., WILL NOT BE CONSIDERED A SUFFICIENT REASON TO ESTABLISH AN UNUSUAL ECONOMIC HARDSHIP.**

If additional space is needed -- attach an additional page

Article 6687b(d)(4) V.T.C.S. - Any person who has been refused a driver license under the terms of this subsection may appeal to the county court in the county in which he is a resident, where the matter may be tried upon request of the petitioner or respondent.

Article 6687b, Sec. 32 - Violation of license provision. It is unlawful for any person to use false or fictitious name or give a false or fictitious address in any application for driver license or any renewal or duplicate thereof, or knowingly to make a false statement or knowingly conceal a material fact or otherwise commit fraud in any such application.

TO THE PARENT: In making this application as parent or guardian of _____, I take full responsibility for the authorization of said minor to be issued a driver license. I understand that the Department may make any investigation necessary to confirm or deny any information contained in this application or information concerning early enrollment authority in a driver education course as provided in Article 6687b, Sec. 12, V.T.C.S.

I DO SOLEMNLY SWEAR OR AFFIRM THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Parent or Guardian

Signature of Minor

VERIFICATION

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____.

Notary Public in and for the state of Texas/Authorized Officer

DO NOT WRITE BELOW THIS LINE -- FOR DEPARTMENT USE ONLY

Application approved this date _____ Rejected this date _____

Applicant meets requirements under subsection d(2) _____ or d(3) _____ (60 day Permit)

Restrictions: _____

License number issued: _____

JUSTIFICATION: _____
