



DL-14A - TEXAS DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION (ADULT - 17 YEARS 10 MONTHS OF AGE AND OLDER)

NOTICE: All information on this application must be in INK. Applications held for 90 days only. DPS CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED.

FOR DEPARTMENT USE ONLY RESTRICTIONS/ENDORSEMENTS

ASSIGNED # _____

Application for: [X] Driver License [] Identification Card Class (select one): [] A [] B [X] C Motorcycle: [] Y [] N
Select one: [X] Original [] Renewal [] Replacement [] Modify [] Address or Name Change

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
Suffix: _____ Birth Surname (Maiden): _____ SSN: _____
Date of Birth (mm/dd/yyyy): _____ Sex (select one): [] Male [] Female Height: _____ Ft. _____ In. Weight: _____ Lbs.
Eye Color (select one): [] Blue [] Brown [] Gray [] Hazel [] Green [] Black [] Maroon [] Pink
Hair Color (select one): [] Black [] Red [] Gray [] Brown [] Blonde [] Bald [] White
Race (select one): [] (AI) Alaskan or American Indian [] (AP) Asian or Pacific Islander [] (BK) Black [] (W) White
Ethnicity (select one): [] (H) Hispanic Origin [] (O) Not of Hispanic Origin [] (U) Unknown
Place of birth: City: _____ State: _____ County: _____ Country: _____
Father's Last Name: _____ Mother's Maiden Name: _____

CONTACT INFORMATION

Residence Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Primary Phone: _____ Cellular Phone*: _____ Email: _____
*Standard data and messaging rates may apply

In the event of injury or death would you like to provide up to two (2) emergency contacts? If yes, please list:

a) Name _____ Phone Number _____ Address _____
b) Name _____ Phone Number _____ Address _____

Alternate Address: (Authorized Personnel Only) _____
City: _____ State: _____ Zip Code: _____ County: _____

REQUIRED INFORMATION FROM ALL APPLICANTS

YES NO

- 1. [] [] Are you a citizen of the United States? If no, go to question 3.
2. [] [] If you are a U.S. citizen, would you like to register to vote? If registered, would you like to update your voter information?
I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to one year in jail, a fine up to \$4,000, or both. PLEASE READ ALL THREE STATEMENTS TO AFFIRM BEFORE SIGNING.
I am a resident of the county provided above, and a U.S. citizen; I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; And I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.
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. [] [] Are you a veteran? If no, go to question 4.
[] [] a.) Are you a 60% disabled Veteran receiving compensation and want to waive the application fee? (Proof of disability required)
[] [] b.) Do you want a Veteran designator on your DL or ID, or
[] [] c.) Are you 50% disabled or are you 40% and have had a lower extremity amputated and want a Disabled Veteran designator on your DL or ID? (Proof of honorable discharge required; some acceptable documents are DD214/215, NGB22, VA disability letter, Veteran Identification card, proof of service/verification of honorable service card. Proof of disability is required for Disabled Veteran designator)
[] [] d.) If you want a Veteran or Disabled Veteran designator, do you want the branch of service shown on your DL or ID? If yes, select one:
[] Army [] Air Force [] Coast Guard [] Marines [] Navy
4. [] [] Do you have a health condition that may impede communication with a peace officer? (Physician must complete form DL-101).
5. [] [] Would you like to register as an organ donor? Yes = Add/Keep my name on the Donate Life Texas Registry (Add/Keep Hero's Heart Symbol)
No = Does not add your name to the Registry and does not remove your name if already registered*
*By selecting no, you must remove your name from the Donate Life Texas registry at www.donatelifetexas.org/my-dlt/. Enter your information to gain access to your registration. By doing so, you will have the option to remove your name from the registry.
6. [] [] Do you want to donate \$1.00 to the Blindness Education Screening and Treatment Program?
7. [] [] 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.
8. [] [] Do you want to support Texas Veterans? If yes, please indicate a donation amount of \$1 or more \$____.00.
9. [] [] 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).
10. [] [] Do you want to support the issuance of a DL/ID for foster or homeless youth? If yes, please indicate a donation amount of \$1 or more \$____.00 to exempt this population from paying any fees.

REQUIRED INFORMATION FROM DRIVER LICENSE APPLICANTS ONLY (FOR CONFIDENTIAL USE OF THE DEPARTMENT ONLY)

MEDICAL HISTORY QUESTIONS

YES NO

- 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 the 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 your medical condition: _____
- Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, how? Please explain: _____
- Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
- Do you have diabetes requiring treatment by insulin?
- 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?
- Within the past two years have you been treated for any other serious medical conditions? Please explain: _____
- Have you EVER been referred to the Texas Medical Advisory Board for Driver Licensing?

REQUIRED INFORMATION FROM FIRST TIME DRIVER LICENSE APPLICANTS ONLY

DRIVER HISTORY INFORMATION

YES NO

- Have you ever had a driver license, identification card or instruction permit in Texas, any other state or foreign jurisdiction?
List state(s) or foreign jurisdiction(s): Permit # // Permit issue date
Number(s): _____ When? _____
- Are you enrolled in or have you completed an approved driver education course?
- Is your driver license or driver privilege CURRENTLY or EVER been suspended, revoked, cancelled, denied or disqualified in ANY state?
State? _____ When? _____ Why? _____

VEHICLE REGISTRATION AND INSURANCE INFORMATION

- Do you own a motor vehicle that is required to be registered? (Texas Transportation Code section 502.040)
- Do you own a motor vehicle that 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)

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.

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

Disclosure of your social security account number is mandatory for identification card and driver license applicants, but voluntary for election identification certificate applicants. This information is solicited pursuant to 42 U.S.C. section 405(c)(2)(C)(i), 42 U.S.C. section 666(a)(13)(A), 6 C.F.R. section 37.11(e), 49 C.F.R. section 383.153, Texas Family Code section 231.302(c)(1), and Texas Transportation Code sections 521.142 and 522.021. The Department will use social security number information for identification purposes and will only release the number as statutorily authorized by Texas Transportation Code section 521.044.

UNITED STATES SELECTIVE SERVICE

Any male at least 18 but younger than 26 years of age submitting this application consents to registration with the United States Selective Service System. Alternative options for those who object to conventional military service for religious or other conscientious reasons may be found at: <https://www.sss.gov/About/Alternative-Service>. By submitting this application, I am consenting to registration with the United States Selective Service System if my registration is required by federal law.

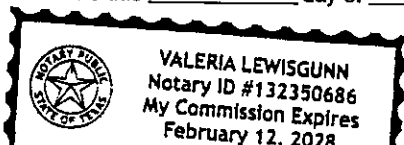
DO NOT SIGN BELOW UNTIL INSTRUCTED TO DO SO BY NOTARY PUBLIC OR DRIVER LICENSE EMPLOYEE.

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 (select 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 _____

Sworn to and subscribed before me this _____ day of _____



Valeria Lewisgunn

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