## -1 (Rev. 6/15) **TEXAS DPS**



APPLICATION FOR COPY OF DRIVER RECORD	
MAIL TO: Texas Department of Public Safety, Box 149008, Austin, TX 78714-9008	
DO NOT MAIL CASH. Mail check or money order payable to: Texas Department of Public Safety  Any questions regarding the information on this form should be directed to the Contact Center at 512-424-2600. Allow 2-3 weeks for delivery.	
Check Type of Record Desired	FEE
II 1. Name – DOB – License Status – Latest Address.	\$ 4.00
I   2. Name – DOB – License Status – 3 Year Record only lists Crashes/Movino	g Violations. \$ 6.00
LI 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC). \$10.00	
1 3. Name – DOB – License Status – Record of ALL Crashes/Violations. Furnished to Licensee Only. \$ 7.00	
II 3A. CERTIFIED version of #3. Furnished to Licensee Only and is Acceptable for DDC. \$ 10.00	
LI 4. Abstract Record – Certified abstract of completed driver record.	\$ 20.00
LI Other: (Original Application, DWLI, etc.) I I I I I I I I I	
Mail Driver Record To: (Please Print or Type)	(If Required)
Requestor's Last Name Requestor's F	First Name
Street Address	Texas Driver License Number
If requesting on behalf of a business, organization, or other entity, please include the following:	
	-
Nome of hydrogen constraints with the	
Name of business, organization, entity, etc. 	
Your Title or Affiliation with above	
Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)	
Information Requested On:	
information nequested on.	
Texas Driver License Number Date of Birth	Suffix (SR., JR., etc.)
Last Name	
First Name	
	1 1 1 1 1 1 1 1 1 1 1 1 1
Individual's Written Consent For ONE TIME Release to Above Reques	stor
(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)	
hereby certify that I grant	ed access on this one occasion to my Driver License/ID Card
record, inclusive of the personal information (name, address, driver identification number,	·
Signature of License / ID Card Holder or Parent / Legal Guardian	Date
State and Federal Law Requires Requestors to Agree to the Following	
In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.	
I certify that I have read and agree with the above conditions and that the information proving this driver record on behalf of an entity, I also certify that I am authorized by that entity failure to abide by the provisions of this agreement and any state and federal privacy law	to make this request on their behalf. I also acknowledge that
Signature of Requestor	