

APPLICATION FOR COPY OF DRIVER RECORD

Mail to: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, Texas 78714-9246
MAKE CHECK or MONEY ORDER PAYABLE TO: TEXAS DEPARTMENT OF PUBLIC SAFETY
Any questions regarding the information on this form should be directed to Customer Service at 512/424-2600.

Allow 6-8 weeks for delivery

CHECK TYPE OF RECORD DESIRED

FEE

- | | | | |
|-------------------------------------|--------|--|----------------|
| <input type="checkbox"/> | 1. | Name – DOB – License Status – Latest Address. | \$ 4.00 |
| <input type="checkbox"/> | 2. | Name – DOB – License Status – List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period. | \$ 6.00 |
| <input type="checkbox"/> | 2A. | CERTIFIED version of #2. This Record is Not Acceptable for DDC Course. | \$ 10.00 |
| <input type="checkbox"/> | 3. | Name – DOB – License Status – List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY. | \$ 7.00 |
| <input checked="" type="checkbox"/> | 3A. | CERTIFIED version of #3. Furnished to Licensee ONLY and is Acceptable for DDC Course. | \$10.00 |
| <input type="checkbox"/> | Other: | (Original Application, DWLS, etc.) _____ (If Required) | \$ _____ |

MAIL DRIVER RECORD TO: **Requestor's Name** _____ **DL Number** _____
(PLEASE TYPE OR PRINT)

Address _____

City, State, Zip Code _____ Telephone # _____

To request your driving record online, go to: www.texas.gov and
request report number **3A**. The fee is \$12.00.

INFORMATION REQUESTED ON:

Texas Driver License # _____ Date of Birth (Month/Day/Year) _____

Last Name _____ First Name _____ Middle/Maiden _____

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 (18U.S.C. Sect. 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 provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor

Date