

APPLICATION FOR COPY OF DRIVER RECORD

Mail To: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, Texas 78714-9246

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 2-3 weeks for delivery.

CHECK TYPE OF RECORD DESIRED:	FEE
<input type="checkbox"/> 1. Date of Birth- License Status- Latest Address	\$ 4.00
<input type="checkbox"/> 2. Date of Birth- License Status- List of Accidents & Moving Violations in Record within Immediate Past 3 Year Period.	\$ 6.00
<input type="checkbox"/> 2A. Same as #2 detailed above but CERTIFIED version. This Record is Not Acceptable for DDC Course.	\$10.00
<input type="checkbox"/> 3. Date of Birth- License Status- List of ALL Accidents & Violations in Record. Furnished to Licensee ONLY.	\$ 7.00
<input type="checkbox"/> 3A. Same as #3 detailed above but CERTIFIED version. Furnished to Licensee ONLY & is Acceptable for DDC Course.	\$10.00

INFORMATION REQUESTED ON: (TYPE of PRINT in black)

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

Last Name _____ First Name _____ Middle/Maiden _____

MAIL DRIVER RECORD TO: Requestor's/Business Name: **CUT AND SHOOT MUNICIPAL COURT**
Address: **P.O. BOX 7364**
City/State/Zip: **CUT AND SHOOT, TX 77306**

INDIVIDUAL'S WRITTEN CONSENT FOR ONE TIME RELEASE TO ABOVE REQUESTOR

(Requestor, if you do not meet one of the exception's listed on this form, and if the person you are requesting information on has previously marked his/her record private with the Department, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information).

I, _____, hereby certify that I grant access to my Driver License/ ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to the above requestor. This access is granted on this one occasion, regardless of the restriction I have placed on my records for public access.

Signature of License/ID Card Holder or Parent/Legal Guardian

Date

Texas Law (TRC Ch. 730) allows individuals/entities to request that disclosure of certain personal information contained in driver license records be restricted. The Texas Department of Public Safety may disclose personal information to a requestor, on proof of the identity of the person requesting a record and a representation by the requestor that the use of the personal information will be strictly limited to one or more of the following:

I am requesting a copy of my own record (need not mark other exceptions).

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