DR-1 (Rev. 10/16)

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
[ ] 1. Name – DOB – License Status – Latest Address.	$ 4.00
[ ] 2. Name – DOB – License Status – 3 Year Record only lists Crashes/Moving Violations.	$ 6.00
[ ] 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC).	$ 10.00
[ ] 3. Name – DOB – License Status – Record of ALL Crashes/Violations. **Furnished to Licensee Only.**	$ 7.00
[X] 3A. **CERTIFIED version of #3. Furnished to Licensee Only and Is Acceptable for DDC.**	$ 10.00
[ ] 4. Abstract Record – Certified abstract of completed driver record.	$ 20.00
[ ] Other: (Original Application, DWLI, etc.)	$ ___.00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name

Requestor's First Name

Street Address

Texas Driver License Number

City

State

Zip Code

Daytime Telephone Number (include area code)

If requesting on behalf of a business, organization, or other entity, please include the following:

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:

Texas Driver License Number

Date of Birth MM / DD / YYYY

Suffix (SR., JR., etc.)

Last Name

First Name

Middle Name/Maiden Name

Individual's Written Consent For *ONE TIME* Release to Above Requestor

(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.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____.

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 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

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.