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Select: Find Services, Request Licensee Driver Records and Choose Certified Type 3A 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 Any questions regarding the information on this form should be directed to payable to: Texas Department of Public Safety the Contact Center at 512-424-2600. Allow 2-3 weeks for delivery. **Check Type of Record Desired** FEE Name – DOB – License Status – Latest Address. \$ 4.00 1 2. Name - DOB - License Status - 3 Year Record only lists Crashes/Moving Violations. \$ 6.00 I 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 IX J 3A. CERTIFIED version of #3. Furnished to Licensee Only and is Acceptable for DDC. \$ 10.00 I 4. Abstract Record – Certified abstract of completed driver record. \$ 20.00 \$1 | 1.00 (If Required) Mail Driver Record To: (Please Print or Type) - 1 1 Requestor's Last Nam Requestor's First Name 1 1 1 1 1 1 1 $I \quad I \quad I \quad I \quad I \quad I$ 1 1 1 1 Street Address Texas Driver License Number $I \quad I \quad I \quad I$ 1 1 1 1 1-1 1 1 1-1 1 1 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. 111111111 Your Title or Affiliation with above Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.) Information Requested On: <u>/|M|/|D|D|/|Y|Y|Y|Y</u> Texas Driver License Number 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.) _, 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.

Date

Signature of Requestor