

APPLICATION FOR TEXAS HARDSHIP DRIVER LICENSE

The Texas Department of Public Safety may issue a driver license to a person who complies with the requirements for the Hardship License if (1) the failure or refusal to issue the license will result in an unusual economic hardship for the family of the applicant, (2) the license is necessary because of the illness of a member of the applicant's family, or (3) a license is necessary because the applicant is enrolled in a vocational education program and requires a driver's license to participate in the program. The completion of an approved course in driver education is required. Texas Transportation Code 521.223

NOTICE: All information on this application must be in INK. **DPS CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED.**
Applications held only 90 days.

APPLICANT INFORMATION	CONTACT INFORMATION
LAST NAME: _____	HOME PHONE: _____
FIRST NAME: _____	OTHER PHONE: _____
MIDDLE NAME: _____	EMAIL: _____
SUFFIX: _____	ADDRESS INFORMATION
MAIDEN NAME: _____	RESIDENCE ADDRESS: _____
DATE OF BIRTH (mm/dd/yyyy): _____ - _____ - _____	_____
SSN: _____ - _____ - _____	CITY: _____ STATE: _____
SEX: (Circle One) MALE FEMALE	ZIP CODE: _____ COUNTY: _____
EYE COLOR: _____ HAIR COLOR: _____	MAILING ADDRESS: _____
RACE/ETHNICITY: _____ (I) American Indian/Alaska Native	_____
(A) Asian/Pacific Islander (B) Black (H) Hispanic (O) Other (W) White	CITY: _____ STATE: _____
HEIGHT: ft. _____ in. _____ WEIGHT: lbs. _____	ZIP CODE: _____ COUNTY: _____
PLACE OF BIRTH: CITY: _____ COUNTY: _____ STATE: _____ COUNTRY: _____	
FATHER'S LAST NAME: _____ MOTHER'S MAIDEN NAME: _____	

APPLICANT IS APPLYING FOR A HARDSHIP DRIVER LICENSE UNDER THE FOLLOWING PROVISION(S):

1. An unusual economic hardship on the family of the minor.
2. A death-related emergency: Name of Deceased _____
Date of Death _____ Relationship to Deceased _____
3. Sickness or illness or disability of family members (PHYSICIAN'S STATEMENT REQUIRED)
Name of Family Member _____ Relationship _____
Family Physician _____ Phone Number () _____
4. Enrollment in a Vocational Education Program (CERTIFICATION FROM SCHOOL REQUIRED)
School _____ Phone Number () _____
Address of School _____ City _____
Time Classes Start _____ End _____ Days: MON TUES WED THUR FRI OTHER

ADDITIONAL INFORMATION

Does the minor have a Texas Learner License or Provisional? NO YES If YES, Learner / Provisional License # _____

Has the minor ever applied for a Hardship Driver License? NO YES Where? _____

Has the minor completed an approved driver education course? NO YES Classroom , Driving , or Both

FATHER'S NAME _____ License Number _____
Employed by _____ Address _____
Work Hours: _____ Work Phone () _____

MOTHER'S NAME _____ License Number _____
Employed by _____ Address _____
Work Hours: _____ Work Phone () _____

List **all** other members of the household: (Use extra page if necessary.)

Name _____ License # _____ Relationship _____
Name _____ License # _____ Relationship _____
Name _____ License # _____ Relationship _____

Explain in detail all necessary driving of minor and why others cannot perform this function: **NOTE: TRAVEL TO PARTICIPATE IN SCHOOL ACTIVITIES SUCH AS BAND, SPORTS, ETC., WILL NOT BE CONSIDERED A SUFFICIENT REASON TO ESTABLISH AN UNUSUAL ECONOMIC HARDSHIP. (TAC Title 37 §15.28)**

If additional space is needed -- attach an additional page

Texas Transportation Code Section §521.223 (e) - A person who is refused a driver license under this section may appeal to the county court of the county in which the person resides. The court may try the matter on the request of the petitioner or respondent.

Texas Transportation Code Section §521.454 - A person commits an offense if the person knowingly swears to or affirms falsely before a person authorized to take statements under oath any matter, information, or statement required by the Department in an application for an original, renewal, or duplicate driver license or certificate issued under this chapter.

TO THE PARENT: In making this application as parent or guardian of _____, I take full responsibility for the authorization of said minor to be issued a driver license. I understand that the Department may make any investigation necessary to confirm or deny any information contained in this application or information concerning early enrollment authority in a driver education course as provided in Texas Transportation Code Section 521.223.

I DO SOLEMNLY SWEAR, AFFIRM, OR CERTIFY THAT I AM THE PERSON NAMED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. I FURTHER CERTIFY MY RESIDENCE ADDRESS IS A: () SINGLE FAMILY DWELLING, () APARTMENT, () MOTEL, () TEMPORARY SHELTER. (check one)

Signature of Parent or Guardian

Signature of Minor

VERIFICATION

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____

Notary Public in and for the state of Texas/Authorized Officer

DO NOT WRITE BELOW THIS LINE -- FOR DEPARTMENT USE ONLY

Application approved this date _____ Rejected this date _____ DL-77A issued.

Applicant meets requirements under Texas Transportation Code Section 521.223.

Restrictions: _____

License number issued: _____ Application Approved/Rejected (circle one) by _____ Signature ID#

JUSTIFICATION: _____

