

**DATA FOR TEXAS
OCCUPATIONAL DRIVER LICENSE**

DEPARTMENT USE ONLY

AMOUNT: _____

MONEY
NUMBER: _____

Print or Type

Full Name _____
First Middle Last

Street Address _____
City State Zip Code

Month	Date of Birth		Sex	Color Eyes	Color Hair	Weight Pounds	Height		Driver License Number
	Day	Year					Ft.	Inches	

This is to certify that I am the person named and described herein.

Mail to: Safety Responsibility Bureau
Occupational License Section
Texas Department of Public Safety
Box 15999
Austin, Texas 78761-5999

Usual Signature of Applicant

INFORMATION BELOW THIS LINE IS FOR DEPARTMENT USE ONLY

DATE OF ISSUE: _____ EXPIRE: _____