

Petition for Occupational Driver's License

May not be used for Commercial Driver's License Holders/NO DRIVING COMMERCIAL VEHICLES

Required documents to accompany your petition are:

- \$46.00 Filing Fee
- SR-22 Insurance
- Certified Copy Type AR-Driving Record- mail off enclosed application or order and print online at: www.txdps.state.tx.us
- Order of Suspension letter from DPS
- This package completely filled out – do not sign until you are in from of a Clerk of the Court or in front of a notary.

You will be required to have a hearing with a State Prosecutor present if your license has been suspended for the following:

- **Criminal Negligent Homicide**
- **Driving While Intoxicated**
- **Intoxication Assault**
- **Intoxication Manslaughter**
- **Minor Alcohol/Tobacco/Dangerous Drug/Volatile Chemical Offenses**

*DPS will not issue Occupational License if your driver license has been expired over two years

*DPS will not issue Occupational License if you owe reinstatement fees

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 SafetyAny 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**

- | | |
|--|--------------------------|
| <input type="checkbox"/> 1. Name – DOB – License Status – Latest Address. | \$ 4.00 |
| <input type="checkbox"/> 2. Name – DOB – License Status – 3 Year Record only lists Crashes/Moving Violations. | \$ 6.00 |
| <input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC). | \$ 10.00 |
| <input type="checkbox"/> 3. Name – DOB – License Status – Record of ALL Crashes/Violations. Furnished to Licensee Only. | \$ 7.00 |
| <input checked="" type="checkbox"/> 3A. CERTIFIED version of #3. Furnished to Licensee Only and is Acceptable for DDC. | \$ 10.00 |
| <input type="checkbox"/> 4. Abstract Record – Certified abstract of completed driver record. | \$ 20.00 |
| <input type="checkbox"/> Other: (Original Application, DWLI, etc.) | \$ 1.00 (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

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.



STEVEN C. McCRAW
DIRECTOR

TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N. LAMAR BLVD - BOX 4087 - AUSTIN, TEXAS 78773-0001

www.dps.texas.gov
DRIVER LICENSE DIVISION
512-424-2600
EN ESPANOL 512-424-7181



DAVID G. BAKER
ROBERT J. BODISCH, SR.
DEPUTY DIRECTORS

10/19/2016

[REDACTED]
SAN ANGELO, TX 76901 0000

DL No: [REDACTED] ID No: [REDACTED] UNL No: [REDACTED]

ORDER OF SUSPENSION

Your Texas Driver License, permit and/or driving privilege to operate a motor vehicle has been suspended from 09/19/2016 through 09/18/2018. Upon conviction for the offense of Driving While License Invalid in JUSTICE OF THE PEACE COURT, CAUSE NO [REDACTED] TOM GREEN COUNTY, TX.

Your driving privilege and the registrations of motor vehicles owned by you will continue to be suspended beyond the mandatory period unless you: file with the Department and maintain for two (2) years from your conviction date, proof of financial responsibility (SR-22).

If this proof is not already on file, please mail the SR-22 to the Texas Department of Public Safety, PO Box 15999, Austin, TX 78761-5999. If the SR-22 is not on file with the Department, you will be required to pay a \$100.00 (one hundred dollars) reinstatement fee to the Texas Department of Public Safety, Central Cash Division, PO Box 15999, Austin, TX 78761-15999. In order for the Department to correctly identify your file, please provide your name, driver license number, and suspension information with the payment. Failure to pay the reinstatement fee will result in the denial of the issuance and/or renewal of a Texas driver license.

This suspension has resulted in the disqualification of all commercial driving privileges. An occupational or essential need driver license may not be issued for the operation of a commercial motor vehicle. You must surrender any valid Texas Commercial driver license in your possession. The license will be returned to you upon expiration of the suspension or revocation period.

Driving any motor vehicle upon the highways of this state while a license or privilege is invalid may result in criminal penalties and additional suspension action.

During the period of suspension you may keep and use your Texas non-commercial driver license for identification purposes only. Possession of the license does not establish authorization to drive.

Manager,
Driver Improvement and Compliance Bureau

STATUTORY AUTHORITY: Texas Transportation Code Section 521.457; Section 522.089; Chapter 601

CAUSE NO. _____

§ IN THE JUSTICE COURT

§

EX PARTE

§ PRECINCT NO. 3

§

§ TOM GREEN COUNTY, TEXAS

(Name of Petitioner)

PETITION FOR OCCUPATIONAL LICENSE

I, _____ (Name of Petitioner), seek an occupational license from this court based on the information provided below. *(You must swear that the information you provide in this petition is true and correct. Failure to provide true and accurate information may result in criminal penalties.)*

Section 1. General Information.

You must complete all applicable sections.

My name is: _____.

My date of birth is: _____.

I am a resident of _____ County, Texas.

Phone Number: .

My home address is: _____.

My mailing address (if different than above) is: _____.

My Texas driver's license number is: _____.

☐ I am employed, and my occupation is _____.

☐ I am the primary caretaker of _____ children less than 16 years of age.

☐ I have been ordered by a magistrate to install an ignition interlock device on my vehicle, and/or not to operate any vehicle which is not equipped with an ignition interlock device.

☐ I have not been ordered by a magistrate to install an ignition interlock device on my vehicle, and/or not to operate any vehicle which is not equipped with an ignition interlock device.

☐ I have a commercial driver's license.

☐ I do not have a commercial driver's license.

Section 2. Reason(s) for Driver's License Suspension.

You must complete all applicable sections.

☐ My driver's license has been suspended as the result of an arrest for an intoxication-related offense in _____ County, because:

☐ A peace officer requested a sample of my breath or blood and I refused; or

☐ I provided a sample of my breath or blood, and the sample contained an alcohol concentration greater than 0.08.

- ☐ My driver's license has been automatically suspended as the result of a conviction for Driving While Intoxicated (DWI) in a County or District Court.
- ☐ My driver's license has been suspended as the result of a conviction for a criminal offense in a justice or municipal court. *Please provide information regarding this offense, including the name of the court in which you were convicted, the cause number, and the type of offense, below.*
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- ☐ My driver's license has been suspended as the result of a physical or mental disability.
- ☐ My driver's license has been suspended as the result of a conviction for Racing on a Highway.
- ☐ My driver's license has been suspended because a court found that I am a "habitual violator of traffic laws."
- ☐ My driver's license has been suspended because a court ordered me to attend a Driver Education Program and suspended my license for 365 days.
- ☐ My driver's license has been suspended for another reason, described below:
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-

Section 3. Essential Need.

You must complete all applicable sections.

(Note: In order to obtain an occupational license, you must demonstrate an essential need to operate a motor vehicle. The Texas Transportation Code defines "essential need" as the "need of a person for the operation of a motor vehicle: (A) in the performance of an occupation or trade or for transportation to and from the place at which the person practices the person's occupation or trade; (B) for transportation to and from an educational facility in which the person is enrolled; or (C) in the performance of essential household duties." In order to demonstrate an essential need to operate a motor vehicle, you may attach additional documentation, such as a letter from your employer. If you attach additional documentation, be sure to check the appropriate box in Section 5 of this petition.)

- ☐ I am seeking this occupational license in order to *(check all that apply)*:
- ☐ Travel to and from my place of work;
 - ☐ Perform the duties of my job;
 - ☐ Travel to and from school; or
 - ☐ Perform essential household duties.

In the space below, provide an address and description for any destination you seek to travel to using an occupational license.

In the space below, fully describe all public transportation options within one mile of any destination described above, including your home, place of work, school, or place where you perform essential household duties. Public transportation options may include bus service, rail service, rural automobile service, ride-sharing services, etc.

- ☐ I am the only member of my household who owns, leases, or has access to a motor vehicle.
- ☐ A member of my household other than me owns, leases, or has access to a motor vehicle.

(Please describe this person's weekly schedule below.)

- ☐ I own a bicycle or other means of non-motorized conveyance, described below.
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- ☐ My work or school schedule is the same every week: I work or attend school during the following hours on the following days of the week (*check all that apply*): ☐ Monday: from _____ to _____

- ☐ Tuesday: from _____ to _____

- ☐ Wednesday: from _____ to _____

- ☐ Thursday: from _____ to _____

- ☐ Friday: from _____ to _____

- ☐ Saturday: from _____ to _____

- ☐ Sunday: from _____ to _____

☐ My work or school schedule varies from week to week. *(If you check this box, provide a general description of your work or school schedule below, including the total number of hours you work or attend school each week, days of the week on which you never work or attend school, days of the week on which you always work or attend school, and the earliest time your work or school day begins and the latest time your work or school day ends.)*

☐ My job duties include automobile travel. My employer requires me to travel by automobile to perform the following tasks:

☐ I perform the following essential household duties:

☐ In order to perform the essential household duties described above, I must travel by automobile during the following hours on the following days of the week *(check all that apply)*:

- ☐ Monday: from _____ to _____
- ☐ Tuesday: from _____ to _____
- ☐ Wednesday: from _____ to _____
- ☐ Thursday: from _____ to _____
- ☐ Friday: from _____ to _____
- ☐ Saturday: from _____ to _____
- ☐ Sunday: from _____ to _____

- ☐ In order to:
- ☐ Travel to school;
 - ☐ Travel to my place of work;
 - ☐ Perform my job duties; or
 - ☐ Travel to the place I perform essential household duties;

I must travel by automobile to or through the following Texas counties (*please fully describe all counties and routes traveled*):

Section 4. Suspension History

You must complete all applicable sections.

My driver's license has previously been suspended for:

- ☐ A second or subsequent conviction for Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code), committed within five years of a previous conviction for Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code).

In the past five years, my license has been suspended for:

- ☐ A refusal to submit to the taking of a breath or blood specimen following an arrest for an offense prohibiting the operation of a motor vehicle or an offense prohibiting the operation of a watercraft while intoxicated, under the influence of alcohol, or under the influence of a controlled substance.
- ☐ An analysis of a breath or blood specimen showing an alcohol concentration of .08 or above, following an arrest for an offense prohibiting the operation of a motor vehicle or watercraft while intoxicated.
- ☐ A conviction for Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code).
- ☐ A conviction for an offense other than Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code) prohibiting the operation of a motor vehicle or watercraft while intoxicated, under the influence of alcohol, or under the influence of a controlled substance.

Section 5. Additional Documents.

You must complete all applicable sections.

- ☐ I have obtained evidence of financial responsibility, which is attached to my petition. (*Note: You may not be issued an occupational license unless you obtain evidence of financial responsibility.*)
- ☐ I have attached a certified copy of my driving record to this petition. (*Note: the court cannot grant your petition without reviewing your driving record.*)

- ☐ I have attached documents which demonstrate my essential need to operate a motor vehicle.
☐ I have attached other documents, which are described below:

PRAYER

WHEREFORE, PREMISES CONSIDERED, Petitioner prays that this Honorable Court grant this Petition for Occupational License, and to send a copy of its order granting petitioner's occupational license to the Department of Public Safety of Texas.

Petitioner's Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS ____ DAY OF

_____, 20____.

Seal:

Notary Public or Clerk of the Justice Court

Approved

Denied

Justice of the Peace, Pct.3