Driver's Safety Course Request by mail

All information on this form must be completed at the time of request with all items submitted or the request shall not be processed.

| PLEASE PRINT | | | |
|---|--|--|----------------|
| My name is | | | |
| Email Address: | | | |
| I understand with this request | must submit copies of | of: | |
| * Valid, non-CDL, | Texas driver's license *Va | /alid insurance card listing me as a driver on the policy | |
| driving safety course. I und License and Regulation(TD | erstand I <u>must complet</u> DLR), purchase a certifical Stater than the due date | or Guilty and am requesting to take tee a 6-hour course approved by the Texas Depart fied copy of my driving record (3A), and submit the provided. Additionally, I understand that I must contains. | ment of ese |
| I remit the required driving s | safety court costs of: | (NO CHECKS ACCEPTED) | |
| Regular Violations | () \$ 144 | School Zone Violations () \$ 169 | |
| I UNI | DERSTAND THAT I AM <u>NO</u> | OT ELIGIBLE FOR THIS REQUEST <i>IF</i> : | |
| MY CITATION IS FOR 25 MY CITATION IS FOR PAPERSENT IN A CONSTRU I AM A HOLDER OF A CO | MPH OR MORE OVER THI SSING A SCHOOL BUS LO JCTION ZONE | | |
| DEFENDANT SIGNATURE | | | |
| citation. I have a Texas Driver's license is valid on the date of this | afety course and have not co | T of ELIGIBILITY completed such a course within the 12 months preceding the ded, revoked, or cancelled. I represent to the court that m | |
| My Name is: First | Middle | Last | |
| My date of birth is:, | My phone# is (cell/home): | | |
| My address is : | | Apt # | |
| City, | State Zip | , and County | |
| I declare <u>UNDER PENALTY OF PERJURY</u> tl | | rect. | |
| Executed inCo | | | |
| X | ле)* | | |