

# TEXAS DEPARTMENT OF PUBLIC SAFETY MINOR'S RESTRICTED DRIVER LICENSE APPLICATION



MINOR'S FULL NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ TX, ZIP CODE \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ DAY PHONE (\_\_\_\_) \_\_\_\_\_

**READ THIS NOTICE:** The Department may issue a driver license to any minor who satisfies the requirements if the Department finds that (1) the failure or refusal to issue such license to any such minor will work an unusual economic hardship on the FAMILY of the applicant for the license, (2) the license should be granted to the minor because of the sickness or illness of members of the family of the applicant, or (3) a license should be granted to the minor because he is regularly enrolled in a vocational education program and requires a driver license to pursue the program and has completed an approved course in driver education.

**APPLICANT IS APPLYING FOR A RESTRICTED 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 license or permit? NO ( ) YES ( ) License/Permit number \_\_\_\_\_  
Has the minor ever applied for a Minor's Restricted 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: (\_\_\_\_) \_\_\_\_\_

**Other Members of the Household:**

Name \_\_\_\_\_ License # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_ Relationship \_\_\_\_\_

Explain in detail 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.**

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**Article 6687b(d)(4) V.T.C.S.** - Any person who has been refused a driver license under the terms of this subsection may appeal to the county court in the county in which he is a resident, where the matter may be tried upon request of the petitioner or respondent.

**Article 6687b, Sec. 32 - Violation of license provision.** It is unlawful for any person to use false or fictitious name or give a false or fictitious address in any application for driver license or any renewal or duplicate thereof, or knowingly to make a false statement or knowingly conceal a material fact or otherwise commit fraud in any such application.

**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 Article 6687b, Sec. 12, V.T.C.S.

I DO SOLEMNLY SWEAR OR AFFIRM THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Minor

**VERIFICATION**

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
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 \_\_\_\_\_

Applicant meets requirements under subsection d(2) \_\_\_\_\_ or d(3) \_\_\_\_\_ (60 day Permit)

Restrictions: \_\_\_\_\_

License number issued: \_\_\_\_\_

JUSTIFICATION: \_\_\_\_\_

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