

**DATA FOR TEXAS OCCUPATIONAL DRIVER'S LICENSE**

PRINT OR TYPE

FULL NAME: \_\_\_\_\_  
FIRST MIDDLE OR MAIDEN LAST

STREET ADDRESS CITY STATE ZIP CODE

DATE OF BIRTH COLOR COLOR WEIGHT HEIGHT T.D.L.  
MONTH DAY YEAR SEX EYES HAIR POUNDS FT. INCHES NUMBER

THIS IS TO CERTIFY THAT I AM THE PERSON NAMED AND DESCRIBED HEREIN.

\_\_\_\_\_  
USUAL SIGNATURE OF APPLICANT

INFORMATION BELOW THIS LINE IS FOR DEPARTMENT USE ONLY

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RESTRICTIONS EXPIRE \_\_\_\_\_

1. HOURS OF THE DAY: \_\_\_\_\_
2. DAYS OF WEEK: \_\_\_\_\_
3. TYPE OF OCCUPATION: \_\_\_\_\_
4. AREAS AND ROUTES OF TRAVEL PERMITTED: \_\_\_\_\_

CASE NUMBER \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_

ADDRESS OF DPS: DRIVER IMPROVEMENT AND CONTROL  
TEXAS DEPARTMENT OF PUBLIC SAFETY  
P. O. BOX 4087  
AUSTIN, TEXAS 78773