

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

PRINT OR TYPE:

Full Name: _____
 First Middle Last

Address: _____
 Street Address

 City State Zip Code

| Date of Birth | | | Sex | Color Eyes | Color Hair | Weight Pounds | Height Ft. Inch | Driver's License No. |
|---------------|-----|------|-----|---------------|---------------|------------------|--------------------|-------------------------|
| Month | Day | Year | | | | | | |
| | | | | | | | | |

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

 Usual Signature of Applicant

Mail to: Driver Improvement and Control
 Occupational License Section
 Texas Department of Public Safety
 P.O. Box 15999
 Austin, TX 78761

INFORMATION BELOW THIS LINE IS FOR DEPARTMENT USE ONLY

DATE OF ISSUE: _____ EXPIRE: _____

(DIC-37)