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
Month | Day | Year | Sex | Color Eyes | Color Hair | Weight | Height Ft. | Height Inch | Driver’s License No. |
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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)