

**DATA FOR TEXAS  
OCCUPATIONAL DRIVER LICENSE**

**DEPARTMENT USE ONLY**

**AMOUNT:** \_\_\_\_\_

**MONEY NUMBER:** \_\_\_\_\_

Print or Type Full Name \_\_\_\_\_

First                                      Middle                                      Last

Street Address \_\_\_\_\_

City                                      State                                      Zip Code

Month	Date of Birth		Sex	Color Eyes	Color Hair	Weight Pounds	Height		Driver License Number
	Day	Year					Ft.	Inches	

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

Mail to: Safety Responsibility Bureau  
Occupational License Section  
Texas Department of Public Safety  
Box 15999  
Austin, Texas 78761-5999

\_\_\_\_\_  
Usual Signature of Applicant

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DATE OF ISSUE: \_\_\_\_\_                                      EXPIRE: \_\_\_\_\_