

DefensiveDriving.com can obtain your official Driver Record from the Texas Department of Public Safety and send it to you within approximately 7-10 business days for a low fee of \$24.95 plus tax. If you order it directly from the Texas Department of Public Safety, it could take anywhere from 2-8 weeks. Follow the steps below to request your Driver Record through DefensiveDriving.com.

STEP 1:

Print the "APPLICATION FOR COPY OF DRIVER RECORD"

STEP 2:

Check box "3A" on the form under "CHECK TYPE OF RECORD DESIRED"

STEP 3:

Type or print your name and the address where you would like your Driver Record mailed in the "MAIL DRIVER RECORD TO:" field

STEP 4:

Fill out the box entitled "INFORMATION REQUESTED ON:"

STEP 5:

Fill out the box entitled "INDIVIDUAL'S WRITTEN CONSENT FOR ONE TIME RELEASE TO ABOVE REQUESTOR"

STEP 6:

Place your signature and the date on the bottom of the "APPLICATION FOR COPY OF DRIVER RECORD"

STEP 7:

Enter your payment information in the form below. DefensiveDriving.com will process your request through the Texas DPS and you will receive your official state issued Driver Record within 7-10 business days. You must fill out items (1) through (7) in the form below for your request to be processed.

INDIVIDUALS WRITTEN CONSENT FOR PAYMENT OF SERVICE

(1) Daytime Telephone Number: (_____)_____

(Requestor signing below authorizes DefensiveDriving.com to charge your credit card a fee of \$24.95 plus tax.)

(2) Credit Card Number: _____ (3) Expiration Date: _____(MM/YY)

(4) Type of credit card: Visa MasterCard American Express

(5) Cardholders Name as it appears on credit card: _____

(6) Billing Address:

Street Address

City

State

Zip Code

(7) Signature of Credit Card Holder

Date

If your preferred payment type is a Check or Money Order, please mail your completed "APPLICATION FOR COPY OF DRIVER RECORD" along with your check or money order to 12 Greenway Plaza, Suite 1450, Houston, TX 77046. Your request cannot be processed until payment is received.

APPLICATION FOR COPY OF DRIVER RECORD

Mail to: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, Texas 78714-9246

MAKE CHECK or MONEY ORDER PAYABLE TO: TEXAS DEPARTMENT OF PUBLIC SAFETY

Any questions regarding the information on this form should be directed to Customer Service at 512/424-2600. Allow 2-3 weeks for delivery

CHECK TYPE OF RECORD DESIRED

- | | FEE |
|--|------------|
| <input type="checkbox"/> 1. Name – DOB- License Status – Latest Address | \$ 4.00 |
| <input type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period. | \$ 6.00 |
| <input type="checkbox"/> 2A. CERTIFIED version of #2. This Record Is Not Acceptable for DDC Course. | \$10.00 |
| <input type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY. | \$ 7.00 |
| <input type="checkbox"/> 3A. CERTIFIED version of #3. Furnished to Licensee ONLY and is Acceptable for DDC Course. | \$10.00 |
| <input type="checkbox"/> Other: (Original Application, DWLS, etc.) _____ (If Required) | \$ _____ |

MAIL DRIVER RECORD TO: Requestor's Name DL Number _____ DL Number _____
(PLEASE TYPE OR PRINT) Address _____
City, State, Zip Code _____ Telephone # _____

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc. _____ Not Applicable
Your Title or Affiliation with above _____ Not Applicable
Type of business, organization, etc. _____ Not Applicable
(i.e. Insurance provider, towing company, private investigation firm, etc.)

INFORMATION REQUESTED ON:

Texas Driver License # _____ Date of Birth (Month/Day/Year) _____
Last Name _____ First Name _____ Middle/Maiden _____

INDIVIDUAL'S WRITTEN CONSENT FOR ONE TIME RELEASE TO ABOVE REQUESTOR

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I grant access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.), to _____ DefensiveDriving.com _____.

Signature of License/ID Card Holder or Parent/Legal Guardian _____ Date _____

State and federal law requires requestors to agree to the following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Sect. 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or re-disclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.