

CIRCLE CLASS WANTED
A B C M CDL

**TEXAS DEPARTMENT OF PUBLIC SAFETY
Supplemental Examination DL-40 (Rev. 1/04)**

Driver License # _____
 PRINT OR TYPE
 FULL NAME _____
 LAST FIRST MIDDLE OR MAIDEN
 RESIDENCE ADDRESS _____
 NUMBER AND STREET CITY STATE ZIP CODE
 MAILING ADDRESS _____
 (IF DIFFERENT FROM RESIDENCE) NUMBER AND STREET CITY STATE ZIP CODE
 SOCIAL SECURITY # _____

DATE OF BIRTH			EYE COLOR	SEX	HEIGHT		DRIVER EDUCATION <input type="checkbox"/> CLASSROOM <input type="checkbox"/> LABORATORY <input type="checkbox"/> MOTORCYCLE
MONTH	DAY	YEAR			FT.	INCH	

YES () NO () Are you a citizen of the United States? What is your County of Residence? _____
 YES () NO () Do you wish to donate \$1.00 to the Blindness Education Screening and Treatment Program?
 YES () NO () Do you wish to donate \$1.00 to the Anatomical Gift Education Program?

I solemnly swear that I am the person named herein, that my license or driving privilege is not now suspended, revoked, cancelled or denied, and there has been no major change in my physical condition, and all statements are true and correct.

Signature: _____

I solemnly swear that the above named person is my son daughter ward and is under my custody. I herefore authorize the Department of Public Safety to grant a Class A B C M license to the above-named minor.

Signature of Parent or Guardian _____ Driver License No. _____
 Sworn to and subscribed before me this _____ day of _____, _____
 Notary Public or Authorized Officer _____ City Where Notarized _____

DEPARTMENT USE ONLY

Name: From _____
 Address _____ Height _____ Date of Birth _____

FOR DEPARTMENT USE ONLY

RECEIPT NUMBER _____

- ADDITIONAL TEST VISION PASSED
 ADVANCE IN GRADE
 VOLUNTARY RE-EXAMINATION

**RESTRICTIONS and/or ENDORSEMENTS
 ADDED OR
 RETAINED** _____

USE CODE

REMOVED _____

USE CODE

DETAILS _____

RECORD OF EXAMINATION

Vehicle Make _____ Yr. _____		MANEUVERS		BAD	FAIR	GOOD
Vehicle Reg. _____		LANE CHANGE				
Trailer Reg. _____		Control		3	2	0
Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Observation		4	2	0
		Position		3	2	0
		Signal		3	2	0
M/C OFF STREET TEST		BAD	GOOD			
IDENTIFYING CONTROL						
Rear Brake Lever		3	0			
Front Brake Lever		3	0			
Accelerator		2	0			
Gearshift		2	0			
Clutch		2	0			
Light Switch		2	0			
Dimmer Switch		2	0			
Horn Button		2	0			
Starter (kick or button)		2	0			
A & B PRETRIP INSPECTION						
AIRBRAKES		FAIL	PASS			
Leak in System		<input type="checkbox"/>	<input type="checkbox"/>			
Warning Signals		<input type="checkbox"/>	<input type="checkbox"/>			
Emergency Brakes		<input type="checkbox"/>	<input type="checkbox"/>			
MANEUVERS		BAD	FAIR	GOOD		
START						
Control		3	1	0		
Observation		3	1	0		
Signal		2	1	0		
QUICK STOP						
Control		2	1	0		
Observation		3	1	0		
BACKING						
Control		2	1	0		
Observation		3	1	0		
Position		2	1	0		
PARALLEL PARK						
Control		2	1	0		
Observation		3	1	0		
Position		2	1	0		
Signal		2	1	0		
UPSHIFTING						
Control		2	1	0		
Position		2	1	0		
DOWNSHIFTING						
Control		2	1	0		
Position		2	1	0		
WRITTEN						
Sheet No. _____		Deductions				
SIGNS						
OP RULES						
COM RULES						
M/C RULES						
ROAD TEST DEDUCTIONS						
	OFF STREET	ON STREET	B	PP		
1st						
2nd						
3rd						
Remarks						

EXAM _____

RESULTS _____

EXAMINER _____

APPLICANT _____

PLACE _____

DATE _____