

REQUEST FOR A CERTIFIED ABSTRACT OF A DRIVER RECORD

AS PROVIDED IN SECTION 521.0475 OF THE TEXAS TRANSPORTATION CODE



MAIL COMPLETED FORM AND \$20 FEE TO:
Texas Department of Public Safety, PO Box 149008, Austin, Texas 78714-9008

DO NOT MAIL CASH. Mail check or money order
payable to: Texas Department of Public Safety

Any questions regarding the information on this form should
be directed to the Contact Center at 512-424-2600.

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name										Requestor's First Name																			
Street Address																				Texas Driver License Number									
City										State		Zip Code				Daytime Telephone Number (include area code)													

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

Name of business, organization, entity, etc.																																							
Your Title or Affiliation with above																																							
Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)																																							

Information Requested On:

Texas Driver License Number										Date of Birth										Suffix (SR., JR., etc.)																			
Last Name																																							
First Name																																							
Middle Name/Maiden Name																																							

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, your request will be returned.

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

Signature of Driver 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. Section 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 redisclose 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.

Important Instructions - Read Carefully

The Texas Department of Public Safety may disclose personal information to a requestor without written consent of the DL/ID card holder, on proof of their identity and a certification by the requestor that the use of the personal information is authorized under state and federal law and that the information will be used only for the purpose stated and in complete compliance with state and federal law.

You must meet one or more of the following exceptions if you do not have written consent of the DL/ID card holder to be entitled to receive personal information on the above named individual. Please initial each category that applies to the requested driver record.

- _____ 1. For use by a government agency in carrying out its functions or a private entity acting on behalf of a government agency in carrying out its functions.
- _____ 2. For use in conjunction with a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self regulatory body, including service of process, investigation in anticipation of litigation, execution or enforcement of a judgement or order, or under an order of any court.
- _____ 3. For use by an employer or an authorized agent or insurer of the employer to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. Chapter 313.

Below is an example of how numbers and letters should be written on front of this form:



1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z