



# DL-77 - TEXAS HARDSHIP DRIVER LICENSE CARD APPLICATION

**NOTICE:** All information on this application must be in INK. Applications held for 90 days only.  
**DPS CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED.**

**FOR DEPARTMENT USE ONLY**

Class (select one):  C  M

ASSIGNED # \_\_\_\_\_

The Texas Department of Public Safety may issue a driver license to a person who complies with the requirements for the Hardship License if (1) the failure or refusal to issue the license will result in an unusual economic hardship for the family of the applicant, (2) the license is necessary because of the illness of a member of the applicant's family, or (3) a license is necessary because the applicant is enrolled in a vocational education program and requires a driver's license to participate in the program. The completion of an approved course in driver education is required. Texas Transportation Code 521.223 and 521.224

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ Birth Surname (Maiden): \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Sex (select one):  Male  Female Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. Weight: \_\_\_\_\_ Lbs.

Eye Color (select one):  Blue  Brown  Gray  Hazel  Green  Black  Maroon  Pink

Hair Color (select one):  Black  Red  Gray  Brown  Blonde  Bald  White

Race (select one):  (AI) Alaskan or American Indian  (AP) Asian or Pacific Islander  (BK) Black  (W) White

Ethnicity (select one):  (H) Hispanic Origin  (O) Not of Hispanic Origin  (U) Unknown

Place of birth: City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

## CONTACT INFORMATION

**Residence Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**In the event of injury or death would you like to provide up to two (2) emergency contacts? If yes, please list:**

a) Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

b) Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

## REQUIRED INFORMATION FROM ALL APPLICANTS

YES NO

- Are you a citizen of the United States?
- Do you have a health condition that may impede communication with a peace officer? (physician must complete form DL-101).
- Would you like to register as an organ donor?
- Do you want to donate \$1.00 to the Blindness Education Screening and Treatment Program?
- Do you want to support the Glenda Dawson Donate Life Texas donor registry? If yes, please indicate a donation amount of \$1 or more \$\_\_\_\_\_.00.
- Do you want to support Texas Veterans? If yes, please indicate a donation amount of \$1 or more \$\_\_\_\_\_.00.
- Do you want to support survivors of sexual assault? If yes, please indicate a donation amount of \$1 or more \$\_\_\_\_\_.00 to help fund the testing of sexual assault evidence collection kits (rape kits).
- Do you want to support the issuance of a DL/ID for foster or homeless youth? If yes, please indicate a donation amount of \$1 or more \$\_\_\_\_\_.00 to exempt this population from paying any fees.

## REQUIRED INFORMATION FROM DRIVER LICENSE APPLICANTS ONLY (FOR CONFIDENTIAL USE OF THE DEPARTMENT ONLY)

### MEDICAL HISTORY QUESTIONS

YES NO

- Do you currently have or have you ever been diagnosed with or treated for any medical condition that may affect your ability to safely operate a motor vehicle?  
**Examples, including but not limited to:** Diagnosis or treatment for heart trouble, stroke, hemorrhage or clots, high blood pressure, emphysema (within the past two years) • progressive eye disorder or injury (i.e., glaucoma, macular degeneration, etc.) • loss of normal use of hand, arm, foot or leg • blackouts, seizures, loss of consciousness or body control (within the past two years) • difficulty turning head from side to side • loss of muscular control • stiff joints or neck • inadequate hand/eye coordination • medical condition that affects your judgment • dizziness or balance problems • missing limbs  
Please explain and identify your medical condition: \_\_\_\_\_
- Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, how? Please explain: \_\_\_\_\_
- Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
- Do you have diabetes requiring treatment by insulin?
- Do you have any alcohol or drug dependencies that may affect your ability to safely operate a motor vehicle or have you had any episodes of alcohol or drug abuse within the past two years?
- Within the past two years have you been treated for any other serious medical conditions? Please explain: \_\_\_\_\_
- Have you **EVER** been referred to the Texas Medical Advisory Board for Driver Licensing?

**VEHICLE REGISTRATION AND INSURANCE INFORMATION**

- 1. \_\_\_ Do you own a motor vehicle that is required to be registered? (Texas Transportation Code section 502.040)
- 2. \_\_\_ Do you own a motor vehicle that is required to have liability insurance OR other proof of financial responsibility in compliance with the Motor Vehicle Safety Responsibility Act? (Texas Transportation Code section 601.051)

**APPLICANT IS APPLYING FOR A HARDSHIP DRIVER LICENSE UNDER THE FOLLOWING PROVISION(S):**

- \_\_\_ 1. An unusual economic hardship on the family of the minor.
- \_\_\_ 2. A death-related emergency: Name of Deceased: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_
- \_\_\_ 3. Sickness or illness or disability of family members (PHYSICIAN'S STATEMENT REQUIRED)  
Name of Family Member: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- \_\_\_ 4. Enrollment in a Vocational Education Program (CERTIFICATION FROM SCHOOL REQUIRED)  
School: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address of School: \_\_\_\_\_ City: \_\_\_\_\_  
Time Classes: Start: \_\_\_\_\_ End: \_\_\_\_\_ Days: \_\_\_ MON \_\_\_ TUES \_\_\_ WED \_\_\_ THUR \_\_\_ FRI \_\_\_ SAT \_\_\_ SUN

**ADDITIONAL INFORMATION**

Does the applicant have a Texas Learner License, Provisional license or ID card? \_\_\_ YES \_\_\_ NO If YES, # \_\_\_\_\_  
Has the applicant ever applied for a Hardship Driver License? \_\_\_ YES \_\_\_ NO Where? \_\_\_\_\_  
Has the applicant completed a required driver education course? \_\_\_ YES \_\_\_ NO (Choose one) \_\_\_ Classroom \_\_\_ Driving \_\_\_ Both  
FATHER'S NAME: \_\_\_\_\_ License Number: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Address: \_\_\_\_\_  
Work Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
MOTHER'S NAME: \_\_\_\_\_ License Number: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Address: \_\_\_\_\_  
Work Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List all other members of the household: (Use extra page if necessary.)

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ License #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ License #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Explain all necessary driving of applicant and why others cannot perform this function: **NOTE: TRAVEL TO PARTICIPATE IN SCHOOL ACTIVITIES SUCH AS BAND, SPORTS, ETC., WILL NOT BE CONSIDERED A SUFFICIENT REASON TO ESTABLISH AN UNUSUAL ECONOMIC HARDSHIP. (TAC Title 37 §15.28)**

Use extra page if necessary.

**Texas law requires the Texas Department of Public Safety to provide every minor applicant (under age 18) and cosigner, for a driver license in Texas, educational information concerning state laws relating to distracted driving, driving while intoxicated, driving by a minor with alcohol in the minor's system, and the implied consent law. The minor applicant and cosigner must acknowledge receipt of this information prior to issuance of any driver license or permit.**

**I hereby acknowledge receipt of this information.**

Minor Applicant \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_ Date of Receipt \_\_\_\_\_

**PARENTAL AUTHORIZATION**

**TO THE PARENT:** In making this application as parent or guardian of \_\_\_\_\_, I take full responsibility for the authorization of said minor to be issued a driver license. I understand that the Department may make any investigation necessary to confirm or deny any information contained in this application or information concerning early enrollment authority in a driver education course as provided in Texas Transportation Code section 521.223.

Usual Written Signature of Parent or Guardian \_\_\_\_\_ Driver License Number \_\_\_\_\_ Date \_\_\_\_\_

NOTICE: The information on this application is required by the Texas Driver License Act, Texas Transportation Code Chapter 521. Failure to provide the information is cause for refusal to issue a driver license or identification card, and in some cases, cancellation or withdrawal of driving privileges. False information could also lead to criminal charges with penalties of a fine up to \$4,000.00 and/or jail.

**SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE**

Disclosure of your social security account number is mandatory for identification card and driver license applicants, but voluntary for election identification certificate applicants. This information is solicited pursuant to 42 U.S.C. section 405(c)(2)(C)(i), 42 U.S.C. section 666(a)(13)(A), 6 C.F.R. section 37.11(e), 49 C.F.R. section 383.153, Texas Family Code section 231.302(c)(1), and Texas Transportation Code sections 521.142 and 522.021. The Department will use social security number information for identification purposes and will only release the number as statutorily authorized by Texas Transportation Code section 521.044.

**DO NOT WRITE BELOW THIS LINE -- FOR DEPARTMENT USE ONLY**

Application (Select one): \_\_\_ Approved \_\_\_ Rejected \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ ACID# \_\_\_\_\_

**JUSTIFICATION /RESTRICTIONS:**