



DL-14B - TEXAS DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION (MINOR - UNDER 17 YEARS 10 MONTHS OF AGE)

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 RESTRICTIONS/ENDORSEMENTS

ASSIGNED #

Application for: Driver License Identification Card Class (select one): A B C Motorcycle: Y N Select one: Original Renewal Replacement Modify Address or Name Change

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: Primary Phone: Cellular Phone*: Email: *Standard data and messaging rates may apply

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 1. Are you a citizen of the United States? 2. Do you have a health condition that may impede communication with a peace officer? (physician must complete form DL-101). 3. Would you like to register as an organ donor? Yes = Add/Keep my name on the Donate Life Texas Registry (Add/Keep Hero's Heart Symbol) No = Does not add your name to the Registry and does not remove your name if already registered *By selecting no, you must remove your name from the Donate Life Texas registry at www.donatelifetexas.org/my-dil/. Enter your information to gain access to your registration. By doing so, you will have the option to remove your name from the registry. 4. Do you want to donate \$1.00 to the Blindness Education Screening and Treatment Program? 5. 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. 6. Do you want to support Texas Veterans? If yes, please indicate a donation amount of \$1 or more \$.00. 7. 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). 8. 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 1. 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: 2. Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, how? Please explain: 3. Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure? 4. Do you have diabetes requiring treatment by insulin? 5. 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? 6. Within the past two years have you been treated for any other serious medical conditions? Please explain: 7. Have you EVER been referred to the Texas Medical Advisory Board for Driver Licensing?