



Driving Record Instructions

Getting your driving record has never been easier. You have already down loaded the forms, so follow the instructions and send it back. We will do the rest. It's just that easy.

Just a reminder, all driving records are mailed to your residence, not the court.

To receive your driving record; please complete the following:

- 1) Fill out all the sections highlighted in yellow. The form with yellow highlights is a sample only. **Please fill out the blank form.**
- 2) Once completed your can scan it then email it back at support@defensivedrivingsolutions.com; or
- 3) Fax it to 866-505-0445; or
- 4) Mail it to Defensive Driving Solutions 32899 Smithson Valley Road Bulverde, Texas 78163.

Once the form is received, we will do the rest. You should receive your record **from TX-DPS** within twenty (20) days.

Thank you for choosing Defensive Driving Solutions



APPLICATION FOR COPY OF DRIVER RECORD

MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246

Make CASHIER'S 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

- 1. Name - DOB - License Status - Latest Address. \$ 4.00
2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period. \$ 6.00
2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course. \$ 10.00
3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. FURNISHED to Licensee ONLY. \$ 7.00
3A. Certified version of #3. FURNISHED to Licensee ONLY and is Acceptable for DDC Course. \$ 10.00
Other: (Original Application, DWLS, etc.) \$ 1.00 (If Required)

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, the record you receive will not include personal information.)

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 Licensee/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.

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.

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.



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- 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. **Furnished to Licensee ONLY.** \$ 7.00
- 3A. Certified version of #3. **Furnished to Licensee ONLY and is Acceptable for DDC Course.** \$ 10.00
- Other: (Original Application, DWLS, etc.) _____ \$ _____ (If Required)

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 MM/DD/YYYY Suffix (SR., JR., etc.) _____

Last Name _____

First Name _____

Middle Name/Maiden Name _____

Individual's Written Consent For ONE TIME Release to Above Requestor

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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 Licensee/ID Card Holder or Parent/Legal Guardian _____ Date _____

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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.