

**OCCUPATIONAL DRIVER'S LICENSE**  
**LEGAL INFORMATION VS LEGAL ADVICE**

The Judge or Court Personnel cannot give Legal Advice. Below is information the Court can and cannot provide.

<b><u>We Can</u></b>		<b><u>We Cannot</u></b>	
	Explain and answer questions about how the court works.		Tell you whether or not you should Bring your case to court.
	Provide the number of the local lawyer referral service, legal services program, Texas State Bar lawyer referral service, and other services where legal information is available		Tell you what words to use in your court papers. However, we will check your papers for completeness. For example, we check for signatures, notarization, correct county name, correct case number and presence of attachments.
	Give general information about court rules, procedure, and practices.		Recommend what to say in court.
	Provide court schedules and information on how to get a case scheduled.		Give an opinion about what will happen if you bring your case to court.
	Give you information from your case file.		Talk to the Judge for you or let you talk to the Judge in private.
	Give you samples of court forms that are available.		Change an order signed by a judge.
	Usually answer questions about court deadlines		Tell you what deadlines apply in your case.

**PREPARATION FOR FILING AN OCCUPATIONAL LICENSE**

**CHECK LIST OF ITEMS NEEDED TO FILE:**

\_\_\_\_\_Petition for Occupational License

\_\_\_\_\_Filing Fee of \$54.00

\_\_\_\_\_SR-22 is required – obtained through the auto insurance company

\_\_\_\_\_Print Type AR Driving Record (Abstract Record) – obtained through the DPS website

\_\_\_\_\_Copy of Driver's License or Identification Card

CAUSE: \_\_\_\_\_

EX PARTE

§ IN THE JUSTICE COURT

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PRECINCT TWO

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\_\_\_\_\_  
(Name of Petitioner)

§

GREGG COUNTY, TEXAS

**PETITION FOR OCCUPATIONAL LICENSE**

I, \_\_\_\_\_, (Name of Petitioner), seek an occupational license from this court based on the information provided below. *(You must swear that the information you provide in this petition is true and correct. Failure to provide true and accurate information may result in criminal penalties.)*

**Section 1: General Information**

*You must complete all applicable sections.*

My name is: \_\_\_\_\_.

My date of birth is: \_\_\_\_\_.

I am a resident of \_\_\_\_\_ County, Texas.

My home address is: \_\_\_\_\_.

My mailing address (if different than above) is: \_\_\_\_\_.

My Texas driver's license number is: \_\_\_\_\_.

☐ I am employed, and my occupation is \_\_\_\_\_.

☐ I am the primary caretaker of \_\_\_\_\_ children less than 16 years of age.

☐ I have been order by a magistrate to install an ignition interlock device on my vehicle, and/or not to operate any vehicle which is not equipped with an ignition interlock device.

☐ I have not been ordered by a magistrate to install ignition interlock device on my vehicle, and/or not to operate any vehicle which is not equipped with an ignition interlock device.

☐ I have a commercial driver's license.

☐ I do not have a commercial driver's license.

## Section 2: Reason(s) for Driver's License Suspension

*You must complete all applicable sections.*

- ☐ My driver's license has been suspended as the result of an arrest for an intoxication-related offense in \_\_\_\_\_ County, because:
- ☐ A peace officer requested a sample of my breath or blood and I refused; or
  - ☐ I provided a sample of my breath or blood, and the sample contained an alcohol concentration greater than 0.08.
- ☐ My driver's license has been automatically suspended as the result of a conviction for Driving While Intoxicated (DWI) in a County or District Court.
- ☐ My driver's license has been suspended as the result of a conviction for a criminal offense in a justice or municipal court. *(Please provide information regarding this offense, including the name of the court in which you were convicted, the cause number, and the type of offense, below.)*
- \_\_\_\_\_
- \_\_\_\_\_

- ☐ My driver's license has been suspended as the result of a physical or mental disability.
- ☐ My driver's license has been suspended as the result of a conviction for Racing on a Highway.
- ☐ My driver's license has been suspended because a court found that I am a "habitual violator of traffic laws."
- ☐ My driver's license has been suspended because a court ordered me to attend a Driver Education Program and suspended my license for 365 days.
- ☐ My driver's license has been suspended for another reason, described below:
- \_\_\_\_\_
- \_\_\_\_\_

## Section 3: Essential Need

*You must complete all applicable sections.*

*(Note: In order to obtain an occupational license, you must demonstrate an essential need to operate a motor vehicle. The Texas Transportation Code defines "essential needs" as the "need of a person for the operation of a motor vehicle: (A) in the performance of an occupation or trade or for transportation to and from the place at which the person practices the person's occupation or trade; (B) for transportation to and from an educational facility in which the person is enrolled; or (C) in the performance of essential household duties." In order to demonstrate an essential need to operate a motor vehicle, you may attach additional documentation, such as a letter from your employer. If you attach additional documentation, be sure to check the appropriate box in Section 5 of this petition.*

- ☐ I am seeking this occupational license in order to *(check all that apply)*:
- ☐ Travel to and from my place of work;
  - ☐ Perform the duties of my job;
  - ☐ Travel to and from school; or
  - ☐ Perform essential household duties.

*In the space below, provide an address and description for any destination you seek to travel to using an occupational license:*

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*In the space below, fully describe all public transportation options within one mile of any destination described above, including your home, place of work, school or where you perform essential household duties. Public transportation options may include bus service, rail service, rural automobile service, ride-sharing services, etc.*

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- ☐ I am the only member of my household who owns, leases, or has access to a motor vehicle.
- ☐ A member of my household other than me owns, leases, or has access to a motor vehicle.  
*(Please describe this person's weekly schedule below.)*

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- ☐ I own a bicycle or other means of non-motorized conveyance, described below.

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- ☐ My work or school schedule is the same every week: I work or attend school during the following hours on the following days of the week *(check all that apply)*:

- |                                    |            |          |
|------------------------------------|------------|----------|
| <input type="checkbox"/> Monday    | from _____ | to _____ |
| <input type="checkbox"/> Tuesday   | from _____ | to _____ |
| <input type="checkbox"/> Wednesday | from _____ | to _____ |
| <input type="checkbox"/> Thursday  | from _____ | to _____ |
| <input type="checkbox"/> Friday    | from _____ | to _____ |
| <input type="checkbox"/> Saturday  | from _____ | to _____ |
| <input type="checkbox"/> Sunday    | from _____ | to _____ |

- ☐ My work or school schedule varies from week to week. *(If you check this box, provide a general description of your work or school schedule below, including the total number of hours you work or attend school each week, days of the week on which you never work or attend school, days of the week on which you always work or attend school, and the earliest time your work or school day begins and the latest time your work or school days end.)*

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- ☐ My job duties include automobile travel. My employer requires me to travel by automobile to perform the following tasks:

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☐ I perform the following essential household duties:

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☐ In order to perform the essential household duties described above, I must travel by automobile during the following hours on the following days of the week (*check all that apply*):

- |                                    |            |          |
|------------------------------------|------------|----------|
| <input type="checkbox"/> Monday    | from _____ | to _____ |
| <input type="checkbox"/> Tuesday   | from _____ | to _____ |
| <input type="checkbox"/> Wednesday | from _____ | to _____ |
| <input type="checkbox"/> Thursday  | from _____ | to _____ |
| <input type="checkbox"/> Friday    | from _____ | to _____ |
| <input type="checkbox"/> Saturday  | from _____ | to _____ |
| <input type="checkbox"/> Sunday    | from _____ | to _____ |

☐ In order to:

- ☐ Travel to school
- ☐ Travel to my place of work;
- ☐ Perform my job duties; or
- ☐ Travel to the place I perform essential household duties;

I must travel by automobile to or through the following Texas counties  
(*please fully describe all counties and routes traveled*):

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#### Section 4: Suspension History

*You must complete all applicable sections.*

My driver's license has previously been suspended for:

- ☐ A second or subsequent conviction for Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code), committed within five years of a previous conviction for Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code).

In the past five years, my license has been suspended for:

- ☐ A refusal to submit to the taking of a breath or blood specimen following an arrest for an offense prohibiting the operation of a motor vehicle or an offense prohibiting the operation of a watercraft while intoxicated, under the influence of alcohol, or under the influence of a controlled substance.
- ☐ An analysis of a breath or blood specimen showing an alcohol concentration of .08 or above, following an arrest for an offense prohibiting the operation of a motor vehicle or watercraft while intoxicated.
- ☐ A conviction for Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code).

- ☐ A conviction for an offense other than Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code) prohibiting the operation of a motor vehicle or watercraft while intoxicated, under the influence of alcohol, or under the influence of a controlled substance.

**Section 5: Additional Documents**

*You must complete all applicable sections.*

- ☐ I have obtained evidence of financial responsibility, which is attached to my petition. (Note: You may not be issued an occupational license unless you obtain evidence of financial responsibility.)
- ☐ I have attached a certified copy of my driving record to this petition. (Note: the court cannot grant your petition without reviewing your driving record.)
- ☐ I have attached documents which demonstrate my essential need to operate a motor vehicle.
- ☐ I have attached other documents, which are described below:

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**PRAYER**

**WHEREFORE, PREMISES CONSIDERED,** Petitioner prays that this Honorable Court grant this Petition for Occupational License, and to send a certified copy of this Petition, along with its order granting petitioner's occupational license to the Department of Public Safety of Texas.

\_\_\_\_\_  
Petitioner's Signature

**SWORN TO AND SUBSCRIBED** before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
CLERK OF THE JUSTICE COURT OR NOTARY

Any questions regarding the information on this form should be directed to the Contact Center at 1512-424-2600. Allow 2-3 weeks for delivery.

**FEE**

- |                          |   |          |
|--------------------------|---|----------|
| <input type="checkbox"/> | 1. Name - DOB - License Status - Latest Address.  | \$ 4.00  |
| <input type="checkbox"/> | 2. Name - DOB - License Status - 3 Year Record only lists Crashes/Moving Violations.              | \$ 6.00  |
| <input type="checkbox"/> | 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC).. | \$ 10.00 |
| <input type="checkbox"/> | 3. Name - DOB - License Status - Record of ALL Crashes/Violations. Furnished to Licensee Only.    | \$ 7.00  |
| <input type="checkbox"/> | 3A. CERTIFIED version of #3. Furnished to Licensee Only and is Acceptable for DDC.                | \$ 10.00 |
| <input type="checkbox"/> | 4. Abstract Record - Certified abstract of completed driver record.                               | \$ 20.00 |
| <input type="checkbox"/> | Other: (Original Application, DWLI, etc.)   | \$ 1.00  |

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Texas Driver License Number																MM/DD/YYYY																Date of Birth																		SUFFIX (SR, JR, etc.)																																																	
Last Name																																																																																																			
First Name																																																																																																			
Middle Name/Initial Name																																																																																																			

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 \_\_\_\_\_.

## Data

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.

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.**

**Texas Department  
of Public Safety**

**Save Time – Request Your Driver Record Online**  
**www.texas.gov**

**Important Instructions – Read Carefully**

The Texas Department of Public Safety may disclose personal information to a requestor without written consent of the DL/D 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/D 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 in connection with any matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle emissions; (d) motor vehicle product alterations, recalls, or advisories; (e) performance monitoring of motor vehicles or motor vehicle dealers by a motor vehicle manufacturer; or (f) removal of nonowner records from the original owner records of a motor vehicle manufacturer to carry out the purposes of the Automobile Information Disclosure Act, the Anti Car Theft Act of 1992, the Clean Air Act, and any other statute or regulation enacted or adopted under or in relation to a law included in the above.
- \_\_\_\_\_ 2. (Valid for Certified Abstract) 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.
- \_\_\_\_\_ 3. For use in connection with a matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles, motor vehicle parts, or motor vehicle dealers; (e) motor vehicle market research activities, including survey research; or (f) removal of nonowner records from the original owner records of motor vehicle manufacturers.
- \_\_\_\_\_ 4. For use in the normal course of business by a legitimate business or an authorized agent of the business, but only to verify the accuracy of personal information submitted by the individual to the business or the authorized agent of the business and to obtain correct information if the submitted information is incorrect to prevent fraud by pursuing a legal remedy against, or recovering on a debt or security interest against the individual.
- \_\_\_\_\_ 5. (Valid for Certified Abstract) 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 judgment or order, or under an order of any court.
- \_\_\_\_\_ 6. For use in research or in producing statistical reports, but only if the personal information is not published, redisclosed, or used to contact any individual.
- \_\_\_\_\_ 7. For use by an insurer or insurance support organization, or by a self insured entity, or an authorized agent of the entity, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- \_\_\_\_\_ 8. For use in providing notice to an owner of a towed or impounded vehicle.
- \_\_\_\_\_ 9. For use by a licensed private investigator agency or licensed security service for a purpose permitted as stated on this page.
- \_\_\_\_\_ 10. (Valid for Certified Abstract) 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.
- \_\_\_\_\_ 11. For use in connection with the operating of a private toll transportation facility.
- \_\_\_\_\_ 12. For use by a consumer-reporting agency as defined by the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.) for a purpose permitted under the Act.
- \_\_\_\_\_ 13. For any other purpose specifically authorized by law that relates to the operation of a motor vehicle or to public safety.  
Please state specific statutory authority \_\_\_\_\_
- \_\_\_\_\_ 14. For use in the preventing, detecting, or protecting against identity theft or other acts of fraud. The Department prior to release of personal information may require additional information.

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

