REQUEST FOR A DRIVING SAFETY COURSE

	TIC	CKET NO.	
STATE OF T VS	EXAS		IN THE MUNICIPAL COURT CITY OF CUT AND SHOOT, MONTGOMERY COUNTY, TEXAS
I hereby of: hereby waive r safety course.	, ,,		the complaint of the offense nderstand that I have a right to a jury trial. I (nolo contest) and request to take a driving
I understand that 1. 2. 3.	Present to the court at Present to the court pre Take a driving safety of operating a motorcycle Department of Public	oof of financial responses approved by e, a motorcycle ope Safety and present se completion (or a of citation.	sponsibility (vehicle liability insurance); y the Texas Education Agency or, if erator's training approved by the to the court a uniform certificate an approved motorcycle course)
I understand that 1. 2. 3.	If I complete a department of Purinclusion on my driving If I fail to present to the within 90 days, the base of t	charge against me valuable Safety the configure ord. this court proof of alance of the fine is the plus administrative.	ourse within 90 days from (Citation Date will be dismissed and that the court will report to completion date of the driving safety course for a completion of the driving safety course so due to the court within 30 days. The court will impose an additional course and additional court will impose an additional court will report to court will be dismissed and that the court will report to complete the court will report to court within 30 days.
Defendant's Sign	nature	Date	Completion Date
		ortation Code, nor ha ained by the Texas Do	der oath that I am not in the process of taking a driving ave I completed a course under that section that is not Department of Public Safety.
Sworn and Subs	cribed before me, the		ndant's Signature ity on this the day of, 2021.
		(Judge Montş	ge) (Clerk), Municipal Court, Cut and Shoot, tgomery County, Texas

APPLICATION FOR COPY OF DRIVER RECORD

Mail To: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, Texas 78714-9246

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: () 1. Date of Birth- License Status- Latest Address () 2. Date of Birth- License Status- List of Accidents & Moving Violations in Record within Immediate Past 3 Year Period. () 2A. Same as #2 detailed above but CERTIFIED version. This Record is Not Acceptable for DDC Course. () 3. Date of Birth- License Status- List of ALL Accidents & Violations in Record. Furnished to Licensee ONLY. () 3A. Same as #3 detailed above but CERTIFIED version. Furnished to Licensee ONLY & is Acceptable for DDC Course. INFORMATION REQUESTED ON: (TYPE of PRINT in black)						
Texas Driver License #	Social Security #	Date of Birth (Mor	nth/Day/Year)			
Last Name	First Name	Middle/Ma	iden			
MAIL DRIVER RECORD TO:	Requestor's/Business Name Address City/State/Zip	CUT AND SHOOT MUNICI P.O. BOX 7364 CUT AND SHOOT, TX 773				
INDIVIDUAL'S WRITTEN CONSENT FOR ONE TIME RELEASE TO ABOVE REQUESTOR						
(Requestor, if you do not meet one of the exception's listed on this form, <u>and</u> if the person you <u>are</u> requesting information on has previously marked his/her record private with the Department, 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,						
Signature of License/ID Card Holder or	Parent/Legal Guardian	Date				

Texas Law (TRC Ch. 730) allows individuals/entities to request that disclosure of certain personal information contained in driver license records be restricted. The Texas Department of Public Safety may disclose personal information to a requestor, on proof of the identity of the person requesting a record and a representation by the requestor that the use of the personal information will be strictly limited to one or more of the following:

REQUESTOR, please **initial** each category that applies. In doing this, you certify that the exception applies To this current request.

- (X) I am requesting a copy of my own record (need not mark other exceptions).
- 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 Disclosur Act, 15 U.S.C. Section 1231 et seq.; 49 U.S.C. Chapters 301, 305, 323, 325, 327, 329, and 331; the Anti Car Theft Act of 1992, 18 U.S.C. Section 553, 981, 982, 2119, 2312, 2313, and 2322, 19 U.S.C. Sections 1646b and 1646c, Section 3750a et seq.; the Clean Air Act, 42 U.S.C. Section 7401 et seq.; and any other statute or regulation enacted or adopted under or in relation to a law included in the above.
- If the requestor has obtained written consent from the driver license/ID card holder. (See section above entitled "Individual's Written Consent For One Time Release To Above Requestor").
- 3. 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.

NOTE: Signature required on reverse side of form.