## Driver's Safety Course Request

All information on this form must be completed at the time of request with all items submitted or the request shall not be processed.

My name is		
(Please print) Cell Ph #:	Home Ph #:	Work Ph #:
Email Address:		
I request driving safety for a:		
( ) Moving Traffic Vic	olation (Sub Title C TC;	472.022 TC; 729.001 TC)
( ) Motorcycle operat	or training	
( ) Safety restraint av	vareness course	
I do hereby enter a plea of	No Contest (	) or Guilty () MUST INITIAL PLEA
I understand with this request I	must submit copies of	f:
	Texas driver's license ard listing me as a drive	er on the policy
I remit the required driving sa	afety court costs of:	(NO CHECKS ACCEPTED)
() \$114 (Regular Viola	ations)	Court Costs of \$104 + \$10 DSC Fee
() \$ 139 (School Zone	√iolations)	Court Costs of \$129 + \$10 DSC Fee
I UNDERS	STAND THAT I AM <u>NO</u>	T ELIGIBLE FOR THIS REQUEST <i>IF</i> I:
IMMEDIATELY PRECI	EDING THIS CITATION E SPEEDING 25 MPH (	OR MORE OVER THE SPEED LIMIT;
DEET NO ANT GLOVATURE		DATE:
DEFENDANT SIGNATURE		
		of ELIGIBILITY
UNDER THE PENALTY OF PERJ	URY, I,	note Name
I was not taking a driving safety co	OUTH THAT OUTSE OF MOTORCYCLE OPERATION OF THE OPERATION	or training course, as applicable, under this article on the date the such a course that is not shown on my driving record within the 12
Defendant's Signature		
Sworn to and subscribed before m	e, on the day o	f, 20
Notary Public for the State of		
		(seal)

Rev 4/19/2018