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 #:Hor	ne Ph #:	Work Ph #:	
Email Address:			
I request driving safety for a:			
() Moving Traffic Violation	(Sub Title C TC; 472.0	022 TC; 729.001 TC)	
() Motorcycle operator trai	ning		
() Safety restraint awarene	ess course		
I do hereby enter a plea of No	Contest () DEFENDANT MUS	or Guilty () ST INITIAL PLEA	
I understand with this request I must	submit copies of:		
* Valid, non-CDL, Texas* Valid insurance card lis		the policy	
I remit the required driving safety of	court costs of:	(NO CHECKS ACC	<u>=PTED)</u>
() \$114 (Regular Violations)	C	Court Costs of \$104 + \$10 D	SC Fee
() \$ 139 (School Zone Violation	ons) C	Court Costs of \$129 + \$10 D	SC Fee
I UNDERSTANI	THAT I AM <u>not el</u>	IGIBLE FOR THIS REQUE	ST <i>IF</i> I:
 ▼ HAVE COMPLETED A DRIVING ▼ WAS ALLEGED TO BE SPE ▼ I AM A HOLDER OF A COM 	S THIS CITATION; EDING 25 MPH OR M	MORE OVER THE SPEED L	
		DATE:	
DEFENDANT SIGNATURE			
,	AFFIDAVIT of	ELIGIBILITY	
UNDER THE PENALTY OF PERJURY, I			
DO SOLEMNLY SWEAR AND STATE U I was not taking a driving safety course o request to take the course was made and months preceding the date of the offense	r motorcycle operator trail I had not completed such	ining course, as applicable, un	
Defendant's Signature			
Sworn to and subscribed before me, on the	neday of		, 20
Notary Public for the State of			
		(seal)	

Rev 7/18/2019