

Driving 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 _____

Cell Ph #: _____ Home Ph #: _____ Work Ph #: _____

Email Address: _____

I request driving safety for a (choose one):

- Moving Traffic Violation (Sub Title C TC; 472.022 TC; 729.001 TC)
- Motorcycle operator training
- Safety restraint awareness course

I do hereby enter a plea of _____ No Contest _____ or _____ Guilty _____

I understand with this request I **must submit copies of my:**

- Valid, non-CDL, Texas driver's license
- Valid insurance card listing me as a driver on the policy

I remit the required driving safety court costs of:

| | | | |
|--------------------|--------|------------------------|--------|
| Regular Violations | \$ 144 | School Zone Violations | \$ 169 |
|--------------------|--------|------------------------|--------|

I UNDERSTAND THAT I AM NOT ELIGIBLE FOR THIS REQUEST *IF*:

- Have completed a driving safety course in lieu of another citation 12 months immediately preceding this citation
- Was alleged to be speeding 25 mph or more over the speed limit
- I am a holder of a Commerdical driver's license

DEFENDANT SIGNATURE

DATE: _____

AFFIDAVIT of ELIGIBILITY

UNDER THE PENALTY OF PERJURY, I, _____
Defendant's Name

DO SOLEMNLY SWEAR AND STATE UNDER OATH THAT:

I was not taking a driving safety course or motorcycle operator training course, as applicable, under this article on the date the request to take the course was made and had not completed such a course that is not shown on my driving record within the 12 months preceding the date of the offense.

X _____
Defendant's Signature

Sworn to and subscribed before me, on the _____ day of _____, 20_____.

X _____
Notary Public, State of Texas

(seal)