

Driver's Safety Course Request  
by mail

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

**PLEASE PRINT**

My name is \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

I do hereby enter a plea of ☐ **No Contest** or ☐ **Guilty** and am requesting to take a driving safety course. I understand I must complete a 6-hour course approved by the Texas Department of License and Regulation(TDLR), purchase a certified copy of my driving record (3A), and submit these documents to the court no later than the due date provided. Additionally, I understand that I must comply with any other provisions listed in C.C.P 45.0511.

I remit the required driving safety court costs of:

**(NO CHECKS ACCEPTED)**

Regular Violations ( ) \$ 144

School Zone Violations ( ) \$ 169

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

- ▽ I HAVE COMPLETED A DRIVING SAFETY COURSE FOR ANOTHER CITATION WITHIN 12 MONTHS OF MY CITATION.
- ▽ MY CITATION IS FOR 25 MPH OR MORE OVER THE SPEED LIMIT; **OR** 95 MPH OR HIGHER
- ▽ MY CITATION IS FOR PASSING A SCHOOL BUS LOADING /UNLOADING, OR A VIOLATION THAT HAS WORKERS PRESENT IN A CONSTRUCTION ZONE
- ▽ I AM A HOLDER OF A COMMERCIAL DRIVER'S LICENSE.
- ▽ I AM MAKING THIS REQUEST AFTER THE COURT DATE ON MY CITATION.

\_\_\_\_\_  
DEFENDANT SIGNATURE-**SIGN YOUR NAME/DO NOT TYPE** DATE: \_\_\_\_\_ (date signed)

**AFFIDAVIT of ELIGIBILITY**

I am not currently taking a driving safety course and have not completed such a course within the 12 months preceding the date of my citation. **I have a Texas Driver's license that is not suspended, revoked, or cancelled. I represent to the court that my driver's license is valid on the date of this affidavit.**

My Name is: \_\_\_\_\_  
First Middle Last

My date of birth is: \_\_\_\_\_, My phone# is (cell/home): \_\_\_\_\_

My address is : \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_  
City State Zip County

**I declare UNDER PENALTY OF PERJURY that the foregoing is true and correct.**

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on \_\_\_\_\_.(date signed)

X \_\_\_\_\_ **SIGN YOUR NAME/DO NOT TYPE**  
Defendant/Declarant (No Attorney Signature)\*