* TARRANT COUNTY, TEXAS			*	IN THE JUSTICE C	COURT	
* TARRANT COUNTY, TEXAS * TARRANT COUNTY, TEX			*			
* TARRANT COUNTY, TEXAS * TARRANT COUNTY, TEXAS * TARRANT COUNTY, TEXAS ** TARRANT COUNTY, TE			*	555611.0561		
PETITION FOR OCCUPATIONAL DRIVER'S LICENSE SWEAR UNDER OATH THAT THE INFORMATION I PROVIDE IN THIS PETITION IS TRUE AND CORRECT. Ity name is: First	HE STA		sk	PRECINCT SIX	(
All phone numbers: Cell Work Home 4. Date of birth: 5. Driver's license number: 6. Was your license suspended because of a physical or mental disability? 7. Have your Driver's License suspended? 8. Why was your Driver's License suspended? 8. Why was your Driver's License suspended? 8. Why was your Driver's license suspended? 9. If idi not give a breath sample, as requested, when I was arrested for 1. In Idi A Texas court ordered me to go to a Driver Education Program, and my license, permit, and driving privilege was automatically suspended for 365 days.		ATE OF TEXAS	*	TARRANT COUNTY	, TEXAS	
A phone numbers: Cell Work Home		<u>!</u>	PETITION FOR OCCUP	ATIONAL DRIVER'S LICENSE		
### Additional Driver's License. I hereby ask the Court for an Occupational Driver's License. I hereby ask the Court for an Occupational Driver's License. I hereby ask the Court for sider the information I have provided below. #### Description of the provided below. This court convicted me of	SWEAI	R UNDER OATH THAT	THE INFORMATION I P	ROVIDE IN THIS PETITION IS T	RUE AND (CORRECT.
am the Petitioner, and I am asking the court for an Occupational Driver's License. I hereby ask the Court consider the information I have provided below. etitioner's Personal Information: 1. Home address: 2. Mailing address, if different from above: 3. Phone numbers: Cell Work Home 4. Date of birth: 5. Driver's license number: C. Was your license suspended because of a physical or mental disability? Yes No 7. Have you had 2 or more occupational driver's licenses in the last 10 years? Yes No 8. Why was your Driver's License suspended? (Check all that apply): a. I did not give a breath sample, as requested, when I was arrested for b. This court convicted me of C. A Texas court said I am a "habitual violator of traffic laws" on (date): d. A Texas court ordered me to go to a Driver Education Program, and my license, permit, and driving privilege was automatically suspended for 365 days.	1y nam	ne is:				
2. Mailing address, if different from above: 1. Home address: 2. Mailing address, if different from above: 3. Phone numbers: Cell Work Home 4. Date of birth: 5. Driver's license number: C. Was your license suspended because of a physical or mental disability? Yes No 7. Have you had 2 or more occupational driver's licenses in the last 10 years? Yes No 8. Why was your Driver's License suspended? (Check all that apply): a. □ I did not give a breath sample, as requested, when I was arrested for b. □ This court convicted me of C. □ A Texas court said I am a "habitual violator of traffic laws" on (date): d. □ A Texas court ordered me to go to a Driver Education Program, and my license, permit, and driving privilege was automatically suspended for 365 days.						
1. Home address: 2. Mailing address, if different from above: Cell Work Home			_	Occupational Driver's License.	i nereby a	sk the Court to
1. Home address: 2. Mailing address, if different from above: Cell Work Home 4. Date of birth: 5. Driver's license number: License issued by: 6. Was your license suspended because of a physical or mental disability? Yes No 7. Have you had 2 or more occupational driver's licenses in the last 10 years? Yes No 8. Why was your Driver's License suspended? (Check all that apply): a. □ I did not give a breath sample, as requested, when I was arrested for b. □ This court convicted me of C. □ A Texas court said I am a "habitual violator of traffic laws" on (date): d. □ A Texas court ordered me to go to a Driver Education Program, and my license, permit, and driving privilege was automatically suspended for 365 days.	otition	or's Porsonal Inform	ation			
2. Mailing address, if different from above: Cell	etition	iei s Peisonai illioilli	ation.			
2. Mailing address, if different from above: Cell Work Home	1.	Home address:				
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3. Phone numbers:	2.	Mailing address, if di	fferent from above:			
 Cell Work Home Date of birth:		0 111 111,				
 Cell Work Home 4. Date of birth:						
 4. Date of birth:	3.	Phone numbers:				
5. Driver's license number:			Cell	Work	Home	
 6. Was your license suspended because of a physical or mental disability?					1 1	
 7. Have you had 2 or more occupational driver's licenses in the last 10 years?						
 8. Why was your Driver's License suspended? (Check all that apply): a. □ I did not give a breath sample, as requested, when I was arrested for		•	•	•		
 a. □ I did not give a breath sample, as requested, when I was arrested for		•	•	•	□ Yes	□ NO
 b. □ This court convicted me ofon c. □ A Texas court said I am a "habitual violator of traffic laws" on (date): d. □ A Texas court ordered me to go to a Driver Education Program, and my license, permit, and driving privilege was automatically suspended for 365 days. 		•	·			
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d. A Texas court ordered me to go to a Driver Education Program, and my license, permit, and driving privilege was automatically suspended for 365 days.						
driving privilege was automatically suspended for 365 days.						
		d. A Texas court of	•		ny license,	permit, and/or
e. \square Other (If you did not check any of the above, why was your license suspended? Be specific			was automatically suchs	ended for 365 days.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • •	•	•		
		• • •	•	•	uspended	? Be specific.)

			r:				
	d to drive to <u>sc</u> and address of		below):				
Days ar	nd hours of you	ır classes:					
□ Othe	r – (explain):						
O. Driving	schedule you a	are requesting	:				
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
		a.m.	a.m.	a.m.	□ a.m. □ p.m.	a.m. p.m.	a.m
From:	a.m. p.m.	p.m.	p.m.	□ p.m.		B P	□ p.m
From:			p.m.	p.m.	a.m. p.m.	a.m. p.m.	a.m
То:	p.m a.m p.m.	p.m. a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	p.m
То:	p.m a.m p.m.	p.m. a.m. p.m.	a.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m

Petitioner's name (print)	
Petitioner's signature	Date
STATE OF TEXAS	
COUNTY OF TARRANT	
	BY(Print the first and last names of the person who is signing this affidavit)
	Clerk of the Justice Court OR Notary's signature
13. Attach these documents ☐ Proof of SR22 from you	·
□ Proof of SR22 from you	·
□ Proof of SR22 from you□ A copy of the Court Ord□ A letter from your empl	r insurance company.