CIRCLE CLASS WANTED
A B C M CDL

Driver License #

PRINT OR TYPE
FULL NAME _____
LAST FIRST MIDDLE OR MAIDEN

RESIDENCE ADDRESS _____
NUMBER AND STREET CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE) _____
NUMBER AND STREET CITY STATE ZIP CODE

SOCIAL SECURITY # _____

TEXAS DEPARTMENT OF PUBLIC SAFETY
Supplemental Examination DL-40 (Rev. 5/08)

DATE OF BIRTH			EYE COLOR	SEX	HEIGHT		DRIVER EDUCATION
MONTH	DAY	YEAR			FT.	INCH	☐ CLASSROOM ☐ LABORATORY ☐ MOTORCYCLE

YES ( ) NO ( ) Are you a citizen of the United States? What is your County of Residence? _____
YES ( ) NO ( ) Do you wish to donate $1.00 to the Blindness Education Screening and Treatment Program?
YES ( ) NO ( ) Do you wish to donate $1.00 to the Glenda Dawson Donate Life – Texas Registry?
YES ( ) NO ( ) In the event of death, would you like to make an anatomical gift?
YES ( ) NO ( ) Do you consent to the release of your name, date of birth, driver license number and recent address to the statewide internet-based registry of organ, tissue and eye donors and for release to qualified organ, tissue and eye bank organizations?

I do solemnly swear, affirm, or certify that I am the person named herein, that my license or driving privilege is not now suspended, revoked, cancelled or denied, and there has been no major change in my physical condition. I further certify my residence address is a : ( ) single family dwelling, ( ) apartment, ( ) motel, ( ) temporary shelter. (check one) and all statements are true and correct.

Signature: _____

I do solemnly swear, affirm, or certify that I am the person named herein, that the statements on this application are true and correct, and that the above named person is my ( ) son ( ) daughter ( ) ward and is under my custody. I herefore authorize the Department of Public Safety to grant a Class ( ) A ( ) B ( ) C ( ) M license to the above-named minor.

_____
Signature of Parent or Guardian Driver License No.

Sworn to and subscribed before me this _____ day of _____, _____

_____
Notary Public or Authorized Officer City Where Notarized

FOR DEPARTMENT USE ONLY

RECEIPT NUMBER

☐ ADDITIONAL TEST ☐ VISION PASSED
☐ ADVANCE IN GRADE
☐ VOLUNTARY RE-EXAMINATION

RESTRICTIONS and/or ENDORSEMENTS
ADDED OR RETAINED _____
USE CODE

REMOVED _____
USE CODE

DETAILS _____

DEPARTMENT USE ONLY

☐ Name: From _____
☐ Address ☐ Height ☐ Date of Birth

EXAM	RESULTS	EXAMINER	APPLICANT	PLACE	DATE

RECORD OF EXAMINATION

Vehicle Make _____ Yr. ____
Vehicle Reg. _____
Trailer Reg. _____
Pass ☐ Fail ☐

M/C OFF STREET TEST	BAD	GOOD
IDENTIFYING CONTROL		
Rear Brake Lever	3	0
Front Brake Lever	3	0
Accelerator	2	0
Gearshift	2	0
Clutch	2	0
Light Switch	2	0
Dimmer Switch	2	0
Horn Button	2	0
Starter (kick or button)	2	0

MANEUVERS	BAD	FAIR	GOOD
LANE CHANGE	3	2	0
Control	4	2	0
Observation	3	2	0
Position	3	2	0
Signal			
MERGE	3	2	0
Control	4	2	0
Observation	3	2	0
Position	3	2	0
Signal			
USE OF LANES	3	2	0
Control	4	2	0
Observation	3	2	0
Position	4	2	0
Signal			
RIGHT OF WAY	2	1	0
Control	4	2	0
Observation			
Signal			
POSTURE	2	1	0
Control			

A & B PRETRIP INSPECTION	FAIL	PASS
AIRBRAKES	☐	☐☐☐
Leak in System		
Warning Signals		
Emergency Brakes		

MANEUVERS	BAD	FAIR	GOOD
START	3	1	0
Control	3	1	0
Observation	3	1	0
Signal			
QUICK STOP	2	1	0
Control	3	1	0
Observation			
BACKING	2	1	0
Control	3	1	0
Observation	2	1	0
Position			
PARALLEL PARK	2	1	0
Control	3	1	0
Observation	2	1	0
Position	2	1	0
Signal			
UPSHIFTING	2	1	0
Control	2	1	0
Position			
DOWNSHIFTING	2	1	0
Control	2	1	0
Position			

APPROACH TO CORNER			
1st Control	2	1	0
Observation	4	2	0
2nd Control	2	1	0
Observation	4	2	0
TRAFFIC SIGNALS	2	1	0
1st Control	3	2	0
Observation	2	1	0
Position	2	1	0
Signal			
2nd Control	2	1	0
Observation	3	2	0
Position	2	1	0
Signal			
TRAFFIC SIGNS	2	1	0
1st Control	3	2	0
Observation	2	1	0
Position	2	1	0
Signal			
2nd Control	2	1	0
Observation	3	2	0
Position	2	1	0
Signal			

LEFT TURNS			
1st Control	2	1	0
Observation	3	2	0
Position	2	1	0
Signal			
2nd Control	2	1	0
Observation	3	2	0
Position	2	1	0
Signal			
3rd Control	2	1	0
Observation	3	2	0
Position	2	1	0
Signal			
RIGHT TURNS	2	1	0
1st Control	3	2	0
Observation	2	1	0
Position	2	1	0
Signal			
2nd Control	2	1	0
Observation	3	2	0
Position	2	1	0
Signal			
3rd Control	2	1	0
Observation	3	2	0
Position	2	1	0
Signal			

WRITTEN
Sheet No.
Deductions
SIGNS
OP RULES
COM RULES
M/C RULES

ROAD TEST DEDUCTIONS

OFF STREET	ON STREET	B	PP
1st			
2nd			
3rd			

Remarks