

Application for Change of Address or Replacement on valid Texas Driver License (DL), Commercial Driver License (CDL) & Identification Card (ID)

DL-64 10/2021



DO NOT MAIL CASH
Mail check or money order payable to:
Texas Department of Public Safety

MAIL COMPLETED FORM AND \$10 FEE TO:
Texas Department of Public Safety, PO Box 149008, Austin, Texas, 78714-9008

Are you a citizen of the United States? Yes No

Driver License Number

Grid for Driver License Number

Identification Card Number

Grid for Identification Card Number

Date of Birth MM/DD/YYYY

Grid for Date of Birth

Phone Number

Grid for Phone Number

Social Security Number

Grid for Social Security Number

Suffix (SR., JR., etc.)

Grid for Suffix

Last Name

Grid for Last Name

First Name

Grid for First Name

Middle Name / Birth Surname

Grid for Middle Name / Birth Surname

Residence - Street Address (Address cannot be a post office box or business address)

Grid for Residence - Street Address

City

Grid for City

County

Grid for County

State

Grid for State

Zip Code

Grid for Zip Code

Email

Grid for Email

Mailing - Street Address or Post Office Box

Grid for Mailing - Street Address or Post Office Box

City

Grid for City

County

Grid for County

State

Grid for State

Zip Code

Grid for Zip Code

Do you want a Veteran designator on your DL or ID, or are you 50% disabled or are you 40% and have had a lower extremity amputated and want a Disabled Veteran designator on your DL or ID? If yes, select one: Veteran Disabled Veteran
(Proof of honorable discharge required; some acceptable documents are DD214/215, NGB22, VA disability letter, Veteran Identification card, proof of service/verification of honorable service card. Proof of disability is also required for Disabled Veteran designator)

If you want a Veteran or Disabled Veteran designator, do you also want the branch of service shown on your DL or ID? (your choice must match the documentation provided) If yes, select one: Army Air Force Coast Guard Marines Navy

Do you want to support the Glenda Dawson Donate Life Texas Donor registry? If yes, please indicate a donation amount of \$1 or more. \$ .00 Yes No

Would you like to register as an organ donor? Yes No

Do you want to support survivors of sexual assault? If yes, please indicate a donation amount of \$1 or more \$ .00 to help fund the testing of sexual assault evidence collection kits (rape kits). Yes No

Do you want to support the issuance of a DL/ID for foster or homeless youth? If yes, please indicate a donation amount of \$1 or more \$ .00 to exempt this population from paying any fees. (This donation does not apply to CDL holders) Yes No

**No Waiting in Line! – Change your address online at**  
**<https://www.texas.gov/txt>**

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If you are a U.S. citizen, would you like to register to vote? If registered, would you like to update your voter information?

Yes  No

Would you like to be an Election Judge?

Yes  No

**I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. PLEASE READ ALL THREE STATEMENTS TO AFFIRM BEFORE SIGNING.**

I am a resident of the county provided above, and a U.S. citizen; I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; And I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

*By providing my electronic signature, I understand the personal information on my application form and my electronic signature will be used for submitting my voter's registration application to the Texas Secretary of State's office. Wanting to register to vote, I authorize the Department of Public Safety to transfer this information to the Texas Secretary of State.*

In the event of injury or death would you like to provide two (2) emergency contacts? If yes, please print clearly:

First Name

Last Name

Street Address

Phone Number

--

City

State

Zip Code

First Name

Last Name

Street Address

Phone Number

--

City

State

Zip Code

If you currently hold a valid Texas non-commercial driver license or identification card and have not reported your change of address as required by TRC 521.054 and Administrative Code 15.25, you may do so by mail or on the Internet. To report a change of address by mail, complete this form and mail along with the required fee(s) to the Texas Department of Public Safety. To report a change of address online, go to <https://www.texas.gov/txt>. A driver license or identification card validating your reported address change will be mailed to you.

This form may **ONLY** be used to change your address or obtain a replacement DL or ID card. If you need to change information other than your address or desire a new photo, you must make an appointment at the local driver license office.

**United States Selective Service**

Any male at least 18 but younger than 26 years of age submitting this application consents to registration with the United States Selective Service System. Alternative options for those who object to conventional military service for religious or other conscientious reasons may be found at: <https://www.sss.gov/About/Alternative-Service>. By submitting this application, I am consenting to registration with the United States Selective Service System if my registration is required by federal law.

**CERTIFICATION**

I do solemnly swear, affirm, or certify that I am the person named herein and that the statements on this application are true and correct. I further certify my residence address is a (select one):  single family dwelling,  apartment,  motel,  temporary shelter. I agree to immediately report to the Texas Department of Public Safety any changes in my medical condition which may affect my ability to safely operate a motor vehicle. I further understand that I am required by law to report any change of name or address to the Department of Public Safety within thirty days.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_