

FOR DRIVER LICENSE ONLY

☐ Driver Education Provider ☐ Parent Taught Course ☐ Duplicate (Original Control # _____)
☐ Transfer (See Details Below)

Name: _____, _____ Date of Birth: ____/____/____ ☐ Male ☐ Female
Last First MI

Learner License #: _____ Classroom Completion: ____/____/____ In-car Completion: ____/____/____

I hereby certify that the person indicated has completed and passed both the classroom and the in-car phase of a driver education course approved by the Texas Department of Licensing and Regulation.

Signature of Driver Education or Parent Taught Instructor Driver Education Instructor License # or Parent Taught DL # Name of Driver Education Provider

Name of Driver Education Provider Owner or Owner's designee Driver Education Provider License # Date Issued

☐ 30 hours behind-the-wheel supervised practice, including at least 10 hours of nighttime practice.

I hereby certify that the person indicated has completed the additional behind-the-wheel supervised practice in the presence of an adult who meets the requirements of Section 521.222(d)(2), Transportation Code.

Signature of Parent or Legal Guardian (if student is a minor) or Signature of Student (if 18 years of age or over) Date

WARNING: Submitting this certificate to the Department of Public Safety without actually completing the course hours indicated or intentional falsification of information is a crime and will be prosecuted.

The driver education certificate is a government record as defined under Texas Penal Code, §37.01(2). Any misrepresentation by the applicant or person issuing the driver education certificate may result in suspension or revocation of instructor credentials or program approval and/or criminal prosecution.

UNLAWFUL IF REPRODUCED OR ALTERED – INVALID IF TDLR SEAL IS NOT VISIBLE

DEE-964 (Rev. 1/24/25)

TRANSFER: Fill out the applicable items on the front of this certificate before proceeding. Indicate the number of hours successfully completed in the spaces below. If the number of hours is nine or less, place a zero in front of the single digit number. (For example, if four hours were completed, enter as 04.) Provide all transfer documentation to the receiving provider or parent/legal guardian indicated. Include copies of the student's instruction records verifying the number of hours completed.

_____ CLASSROOM _____ BEHIND-THE-WHEEL INSTRUCTION _____ IN-CAR OBSERVATION

If you have reason to believe that the minimum requirements are not being met by this Driver Education Provider, please contact the Texas Department of Licensing and Regulation (800) 803-9202 or www.tdlr.texas.gov/complaints.

AFFIDAVIT: This portion of the Texas Driver Education Certificate is to be used only when it is impossible for the student to obtain the signature of the certified instructor of the driver education course because of the instructor leaving the school or death or serious illness. Fill out the top of this certificate showing work completed and the name(s) of the instructor(s).

This is to certify that the signature and license number of the instructor who would have verified completion of the driver education course or the hours described

hereon could not be obtained because _____
(Give specific reason why it is impossible for the actual instructor to sign.)

I therefore affirm that the instruction described has been lawfully and satisfactorily completed as shown.

Signature of the Driver Education Provider Owner or Owner's designee (required) Driver Education Provider License # Date Issued

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

Notary Public: _____

SEAL

FOR LEARNER LICENSE ONLY

☐ Driver Education Provider ☐ Parent Taught Course ☐ Duplicate (Original Control # _____)

☐ Student has only completed and passed at least Module One. Completion Date: ____/____/____ **or**

☐ Student has completed entire classroom phase. Completion Date: ____/____/____

☐ Must take Class C-Road Rules, Class C-Road Signs and vision examinations with the Department of Public Safety

☐ Has passed Class C-Road Rules and Class C-Road Signs examinations **Grade:** Road Rules ____ Road Signs ____ **and**
Must take vision exam with the Department of Public Safety

Name: _____, _____ Date of Birth: ____/____/____ ☐ Male ☐ Female
Last First MI

I hereby certify that the person indicated has completed and passed at least Module One of Driver Education Driving Laws and procedures and is enrolled in a driver education course approved by the Texas Department of Licensing and Regulation.

Signature of Driver Education Instructor or Parent Taught Instructor Driver Education Instructor License # or Parent Taught DL # Name of Driver Education Provider

Name of Driver Education Provider Owner or Owner's Designee Driver Education Provider License # Date Issued ____/____/____

WARNING: Submitting this certificate to the Department of Public Safety without completing the course hours indicated or intentional falsification of information is a crime and will be prosecuted.

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