



DL-14B - TEXAS DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION
(MINOR - UNDER 17 YEARS 10 MONTHS OF AGE)

NOTICE: All information on this application must be in INK. Applications held for 90 days only.
DPS CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED.

FOR DEPARTMENT USE ONLY
RESTRICTIONS/ENDORSEMENTS

ASSIGNED # _____

Application for: ☐ Driver License ☐ Identification Card **Class (select one):** ☐ A ☐ B ☐ C **Motorcycle:** ☐ Y ☐ N
Select one: ☐ Original ☐ Renewal ☐ Replacement ☐ Modify ☐ Address or Name Change

APPLICANT INFORMATION

Last Name: Anthony First Name: Ramey Middle Name: _____
Suffix: _____ Birth Surname (Maiden): _____ SSN: _____ - _____ - 230
Date of Birth (mm/dd/yyyy): 1970-04-17 Sex (select one): ☐ Male ☐ Female Height: 5 Ft. 11 In. Weight: _____ Lbs.
Eye Color (select one): ☐ Blue ☐ Brown ☐ Gray ☐ Hazel ☐ Green ☐ Black ☐ Maroon ☐ Pink
Hair Color (select one): ☐ Black ☐ Red ☐ Gray ☐ Brown ☐ Blonde ☐ Bald ☐ White
Race (select one): ☐ (AI) Alaskan or American Indian ☐ (AP) Asian or Pacific Islander ☐ (BK) Black ☐ (W) White
Ethnicity (select one): ☐ (H) Hispanic Origin ☐ (O) Not of Hispanic Origin ☐ (U) Unknown
Place of birth: City: Huntington State: WV County: Wayne Country: US
Father's Last Name: Ramey Mother's Maiden Name: Stephens

CONTACT INFORMATION

Residence Address: 959 County Road 1031
City: Greenville State: TX Zip Code: 75401 County: Hunt
Mailing Address: PO Box 793
City: Greenville State: TX Zip Code: 75403 County: Hunt
Primary Phone: 615-429-5107 Cellular Phone*: 615-429-5107 Email: tonyramey@me.com

*Standard data and messaging rates may apply

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

a) Name _____ Phone Number _____ Address _____
b) Name _____ Phone Number _____ Address _____

REQUIRED INFORMATION FROM ALL APPLICANTS

YES NO

1. ☐ ☐ Are you a citizen of the United States?
2. ☐ ☐ Do you have a health condition that may impede communication with a peace officer? (physician must complete form DL-101).
3. ☐ ☐ Would you like to register as an organ donor? Yes = Add/Keep my name on the Donate Life Texas Registry (Add/Keep Hero's Heart Symbol)
No = Does not add your name to the Registry and does not remove your name if already registered
*By selecting no, you must remove your name from the Donate Life Texas registry at www.donatelifetexas.org/my-dlt/. Enter your information to gain access to your registration. By doing so, you will have the option to remove your name from the registry.
4. ☐ ☐ Do you want to donate \$1.00 to the Blindness Education Screening and Treatment Program?
5. ☐ ☐ 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.
6. ☐ ☐ Do you want to support Texas Veterans? If yes, please indicate a donation amount of \$1 or more \$_____.00.
7. ☐ ☐ 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).
8. ☐ ☐ 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.

REQUIRED INFORMATION FROM DRIVER LICENSE APPLICANTS ONLY (FOR CONFIDENTIAL USE OF THE DEPARTMENT ONLY)

MEDICAL HISTORY QUESTIONS

YES NO

1. ☐ ☐ Do you currently have or have you ever been diagnosed with or treated for any medical condition that may affect your ability to safely operate a motor vehicle?
Examples, including but not limited to: Diagnosis or treatment for heart trouble, stroke, hemorrhage or clots, high blood pressure, emphysema (within the past two years) • progressive eye disorder or injury (i.e., glaucoma, macular degeneration, etc.) • loss of normal use of hand, arm, foot or leg • blackouts, seizures, loss of consciousness or body control (within the past two years) • difficulty turning head from side to side • loss of muscular control • stiff joints or neck • inadequate hand/eye coordination • medical condition that affects your judgment • dizziness or balance problems • missing limbs
Please explain and identify your medical condition: _____
2. ☐ ☐ Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, how? Please explain: _____
3. ☐ ☐ Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
4. ☐ ☐ Do you have diabetes requiring treatment by insulin?
5. ☐ ☐ Do you have any alcohol or drug dependencies that may affect your ability to safely operate a motor vehicle or have you had any episodes of alcohol or drug abuse within the past two years?
6. ☐ ☐ Within the past two years have you been treated for any other serious medical conditions? Please explain: _____
7. ☐ ☐ Have you **EVER** been referred to the Texas Medical Advisory Board for Driver Licensing?