



**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

Anthony

Ramey

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Suffix: \_\_\_\_\_ Birth Surname (Maiden): \_\_\_\_\_ SSN: \_\_\_\_\_ 1970-04-17 5 11 230  
Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Sex (select one): ☐ Male ☐ Female Height: \_\_\_\_\_ Ft. \_\_\_\_\_ 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: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_  
Father's Last Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
959 County Road 1031

**CONTACT INFORMATION**

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

\*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**

- ☐ Are you a citizen of the United States?
- ☐ Do you have a health condition that may impede communication with a peace officer? (physician must complete form DL-101).
- ☐ 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/](http://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.
- ☐ Do you want to donate \$1.00 to the Blindness Education Screening and Treatment Program?
- ☐ 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.
- ☐ Do you want to support Texas Veterans? If yes, please indicate a donation amount of \$1 or more \$\_\_\_\_\_.00.
- ☐ 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).
- ☐ 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**

- ☐ 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: \_\_\_\_\_
- ☐ Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, how? Please explain: \_\_\_\_\_
- ☐ Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
- ☐ Do you have diabetes requiring treatment by insulin?
- ☐ 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?
- ☐ Within the past two years have you been treated for any other serious medical conditions? Please explain: \_\_\_\_\_
- ☐ Have you **EVER** been referred to the Texas Medical Advisory Board for Driver Licensing?