

**DATA FOR TEXAS
OCCUPATIONAL DRIVER'S LICENSE**

DEPARTMENT USE ONLY	
AMOUNT:	_____
MONEY	_____
NUMBER:	_____

Print or Type
Full Name _____

First

Middle

Last

Street Address _____

City

State

Zip Code

Date of Birth				Color	Color	Weight	Height		Driver License
Month	Day	Year	Sex	Eyes	Hair	Pounds	Ft.	Inch	Number

This is to certify that I am the person named and described herein.

Mail to: Safety Responsibility Bureau
Occupational License Section
Texas Department of Public Safety
Box 15999
Austin, Texas 78761-5999

\$10 fee

Usual Signature of Applicant

INFORMATION BELOW THIS LINE IS FOR DEPARTMENT USE ONLY

DATE OF ISSUE _____
SR-37 (4/92)

EXPIRE: _____