

ODL Filings

Filing

An ex parte petition can be picked up from our office if needed. All sections are required to be filled out. Any sections left blank will cause petition to be incomplete. Filing fees for ODL petition is \$43.00. There are required documents that need to be filed with petition:

Documents required:

- A certified copy of your driver's license record
- Proof of current valid auto liability insurance or a copy of an SR 22 from your insurance
- A copy of the court order that suspended your license
- A letter from employer on letterhead that verifies your work schedule

Hearing

A hearing will be set up within 14-21 days of the filed petition considering all required documents are filed at the time.

If the Justice of the Peace determines the individual is eligible to apply for an occupational license, then a court order will be issued. The court order is not the occupational license. A court order is only the order which authorizes the Department of Public Safety (DPS) to issue the occupational license.

Issuance of an Occupational License

The court order and all required items must be submitted to DPS before an occupational license will be issued. The court order may be used as a driver license for 30 days from the date of the judge's signature while the request for an occupational license is processed.

Individuals must submit the following items to DPS:

- 1.) A certified copy of the petition and a certified copy of the court order granting the occupational license.
 - a) The judge has the authority to grant an occupational order.
 - b) If the individual is participating in a special drug court program, then the petition is not required.
- 2.) A **Financial Responsibility Insurance Certificate (SR-22)**.
- 3.) Payment of the **occupational license fee**.

- c) An occupational license is typically issued for one year or less; the maximum length of issuance is two years.
- d) The court must grant the issuance of an occupational license beyond one year.

4.) Payment of **reinstatement fees.**

DPS Mailing Address, Fax Number and Email Information

Required documents can be submitted by mail, fax or email. All documents submitted by email must be in PDF format. Individual must write their name, date of birth and driver license number on all documents so their record can be properly identified.

Mailing Address:

Texas Department of Public Safety
Enforcement and Compliance Service
P.O. Box 4087
Austin, TX 78773-0320
Fax Number:
512-424-2848
Email:
driver.improvement@dps.texas.gov

Waiting Periods

An occupational license is issued once the request is processed unless one of the following situations applies:

- a) The individual's driver license was previously suspended as a result of an alcohol- or drug-related offense then there is a 90-day waiting period.
- b) The individual's driver license was in suspension as a result of an intoxication-related conviction then there is a 180-day waiting period.
- c) There are at least two administrative license revocations on the individual's driver record then a mandatory one-year waiting period applies.

FEES

Certified Copies: \$2.00 first page and .25 cents each additional page

Reinstatement Fees: Check with DPS

Occupational License Fee: \$10.00

Ex Parte

§
§
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In the Justice Court

Print your name / Escriba su nombre:

Precinct 2 Place 3

Cameron County Texas

First-Primer nombre Middle – Segundo nombre Last – Apellido

Petition for Occupational Driver's License
Solicitud de licencia de manejar ocupacional

Print your answers – Escriba sus respuestas en letra de molde

I swear under oath that the information I provide in this *Petition* is true and correct.

Declaro bajo juramento que la información provista en esta Petición es veraz y correcta.

My name is:

Mi nombre es:

First - Primer nombre

Middle - Segundo nombre

Last - Apellido

I am the Petitioner, and I am asking the court for an
Occupational Driver's License.

Soy el solicitante y pido a la corte que me dé una licencia de manejar ocupacional.

I ask the Clerk to send a certified copy of this
Petition to the Texas Department of Public Safety.

Le pido al secretario de la corte que envíe una copia certificada de esta Petición al Departamento de Seguridad Publica de Texas

I ask the Court to consider the information I have
provided below.

Le pido a la corte que considere la información que presento a continuación.

Petitioner's Personal Information – Información personal del solicitante

1. Home address:

Dirreccion residencial:

Street address – calle y numero

city - ciudad

Texas

County – condado

2. Mailing address (if different from above):

Dirreccion postal (si es distinta de la anterior):

3. Phone Number:

Telefono:

4. Date of birth:

Fecha de nacimiento:

Month-mes Day-día Year-año

5. Driver's License #:

No de licencia de manejar:

License issued by:

Licencia emitida por:

6. Was your license suspended because of a physical or mental disability? Yes – si No

¿Su licencia fue suspendida debido a una discapacidad física o mental?

Have you had 2 or more occupational driver's licenses in the last 10 years? Yes – si No

¿Ha tenido 2 o mas licencias de manejar ocupacionales en los ultimos 10 años?

7. Why was your Driver's License suspended? (Check all that apply):
 ¿Por que fue suspendida su licencia de manejar? (Marque todas las casillas que correspondan):
- a. I did not give a breath sample, as requested, when I was arrested for _____
No di la muestra de aliento solicitada cuando fui arrestado por
 - b. This court convicted me of _____ on /el _____
Esta corte me condeno por (traffic violation/infraccion de trafico)
 - c. A Texas court said I am a "habitual violator of traffic laws" on (date): _____
Una corte de Texas determino que yo era infractor habitual de las leyes de trafico el (fecha):
 - d. A Texas court ordered me to go to a Driver Education Program, and my license, permit, and/or driving privilege was automatically suspended for 365 days.
Una corte de Texas me ordeno completar un Programa de instruccion para conductors y se suspendido automaticamente mi licencia, permiso, y/o privilegio de manejar por 365 dias.
 - e. Other (if you did not check any of the above, why was your license suspended? Be specific.)
Otro (Si no marco ninguna de las anteriores, ¿por que fue suspendida su licencia? Sea especifico.)
- _____
- _____

8. Why do you need an Occupational Driver's License? (Check all that apply):
 ¿Por que necesita una licencia de manejar ocupacional? (Marque todas las casillas que correspondan):
- I need to drive to work because there is no public transportation to and from my work.
Necesito manejar a mi trabajo porque no hay transporte publico a y de mi trabajo.
- Name and address of your employer: _____
Nombre y direccion de su trabajo:
- Days and hours you work: _____
Dias y horarios que trabaja:
- Job Title: _____
Puesto de trabajo:
- I need to drive to school (Fill out below):
Necesito manejar a la escuela / Universidad. (Llene a continuacion):
- Name and address of your school: _____
Nombre y direccion de escuela/Universidad:
- Days and hours of your classes: _____
Dias y horarios de sus clases:
- Other – Otro (explain – explique): _____
- _____
- _____

9. Driving schedule you are requesting – *Horario de manejar que solicita*

<i>Monday Lunes</i>	<i>Tuesday Martes</i>	<i>Wechesday Miércoles</i>	<i>Thursday Jueves</i>	<i>Friday Viernes</i>	<i>Saturday Sábado</i>	<i>Sunday Domingo</i>
	<i>From:</i> <i>De:</i> <input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	<input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	<input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	<input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	<input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	<input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>
	<i>To:</i> <i>A:</i> <input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	<input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	<input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	<input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	<input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>	<input type="checkbox"/> <i>a.m.</i> <input type="checkbox"/> <i>p.m.</i>

10. If you are asking the Court to allow you to drive for more than 4 hours per day, explain why below:
Si esta pidiendo que la corte le permita manejar mas de 4 horas por dia, explique por que a continuacion:

11. I ask the Court to make an Order that allows me to get an Occupational Driver’s License to drive for the purposes described above.
Le Pido a la corte que dicte una orden que me permita obtener una licencia de manejar ocupacional para manejar por los motivos descritos arriba.

 Petitioner’s Name (print) – *Nombre del Solicitante*

 Petitioner’s signature – *Firma del solicitante*

 Date - *fecha*

State of Texas, County of _____
 (Print the name of county where this statement is notarized)

Sworn to and subscribed before me, the undersigned authority, on this date: _____

by _____
 (Print the first and last names of the person who is signing this affidavit.)

Affix seal here

 Notary’s signature

Please see next page for a list of documents you must attach to this Petition

- A certified copy of your driver's license record**
Una copia certificada de sus antecedentes de manejo
- Proof of current valid auto liability insurance or a copy of an SR22 from your insurance company**
Prueba de seguro de automovil de responsabilidad general valido o una copia de un formulario SR22 de su compania de seguros
- A copy of the Court Order that suspended your license, unless you checked 7e above**
Una copia de la orden de la corte que suspendio su licencia, a menos que haya marcado la casilla 6e mas arriba
- A letter from your employer or immediate supervisor on your employer's letterhead (or an affidavit) that verifies your work schedule, if you have asked the court to let you drive to work**
Si le pidio a la corte que le permita manejar al trabajp, una carta de su empleador o supervisor inmediato escrita en papel con membrete de su empleador (o una declaracion jurada) verificando su horario de trabajo