Phone: 940-433-2969
Fax: 940-433-3062

P.O. Box 86/125 N. FM 730
Boyd, TX 76023

Mandy Hays
Justice of the Peace, Precinct 3 Wise County, Texas

OCCUPATIONAL DRIVER'S LICENSE CHECK LIST

1. _____ I have filed my petition in the County in which I reside, or the Court of original jurisdiction where the offense has occurred.

2. _____ I have provided evidence of financial responsibility (automobile liability insurance), SR-22 (if required by DPS), or evidence that I am covered by insurance carried by another party at all times while driving.

3. _____ I have provided a certified copy of the driving record (Type AR) with the petition.

4. _____ I have provided a letter of employment on the employer's letterhead verifying my employment and work schedule. Or if needed a letter from my school administrator on school letterhead verifying my class schedule (or an official copy of the class schedule).

5. _____ I have provided a copy of the court order that suspended my driver's license or a license eligibility printout from the DPS (see below).

6. _____ I understand that if granted, the occupational driver's license will ONLY be for non-commercial motor vehicle use.

For questions about DL, suspensions, or other DL issues	Phone #: (512) 424-2600
Omni Base holds	www.texasfailuretoappear.com
Official Texas Driver's License Eligibility System	Texas.gov txapps.texas.gov/txapp/txdps/dleligibility/login.do

CAUSE NO. _____

	§	IN THE JUSTICE COURT
	§	
	§	
	§	PRECINCT THREE
	§	
_____	§	
PETITIONER	§	WISE COUNTY, TEXAS

PETITION FOR OCCUPATIONAL LICENSE

I, _____, seek an occupational driver's license from this court based on the information provided below. *(You must swear that the information you provide in this petition is true and correct. Failure to provide true and accurate information may result in criminal penalties.)*

Section One – General Information.

My name is: _____.

My date of birth is: _____.

I am a resident of _____ County, Texas.

My home address is:

_____

_____.

My mailing address *(if different than above)* is:

_____

_____.

☐ Driver's License Number and Issuing State/Country:

_____

☐ I do not have a driver's license issued by any state or country.

☐ I am employed or looking for work, and my occupation is _____.

☐ I am a student at _____.

☐ I am the primary caretaker of _____ dependents who cannot drive.

☐ I have been ordered by a magistrate or other court order to install an ignition interlock device on my vehicle, and/or not to operate any vehicle which is not equipped with an ignition interlock device.

☐ I have been convicted more than once in the 10 years before the date of this petition of an offense under Sections 49.04-49.08 of the Penal Code.

Section Two – Reason(s) for Driver's License Suspension/Revocation/Cancellation.

☐ My driver's license has been suspended as the result of an arrest for an intoxication-related offense in _____ County, because:

- ☐ A peace officer requested a sample of my breath or blood, and I refused; or
- ☐ I provided a sample of my breath or blood, and the sample contained an alcohol concentration greater than 0.08.

☐ My driver's license has been suspended due to an unpaid civil judgment (issued in _____ County) related to a car wreck.

☐ My driver's license has been revoked for failure to pay child support in _____County.

☐ My driver's license has been suspended as the result of a conviction for a criminal offense. *(Please provide information regarding this offense, including the name and county of the court in which you were convicted, the cause number, and the type of offense, below.)*

_____

_____

_____.

☐ My driver's license has been suspended or revoked by DPS for the following reason:

_____.

☐ I previously obtained an occupational driver's license and it was revoked by a court in _____County for the following reason:

_____.

☐ My driver's license has been suspended, revoked, or cancelled as the result of a physical or mental disability.

☐ My driver's license has been suspended, revoked, or cancelled for another reason, described below (if applicable, include the county where the incident occurred that led to the suspension/cancellation/revocation):

_____

_____

_____

_____

_____.

Section Three – Essential Need.

(Note: To obtain an occupational license, you must demonstrate an essential need to operate a motor vehicle. The Texas Transportation Code defines "essential need" as the "need of a person for the operation of a motor vehicle: in the performance of an occupation or trade or for transportation to and from the place at which the person practices the person's occupation or

trade; for transportation in pursuit of a trade or occupation; for transportation to and from an educational facility in which the person is enrolled; or in the performance of essential household duties." To demonstrate an essential need to operate a motor vehicle, you may attach additional documentation, such as a letter from your employer. If you attach additional documentation, be sure to check the appropriate box in Section Five of this petition.)

☑ I am seeking this occupational license to *(check all that apply)*:

- ☐ Travel to and from my place of work;
- ☐ Perform the duties of my job;
- ☐ Travel in pursuit of a trade or occupation;
- ☐ Travel to and from school; or
- ☐ Perform essential household duties.

☑ I am **not** seeking an occupational license to drive a commercial motor vehicle. (*A commercial driver's license holder is eligible for an occupational license to drive non-commercial motor vehicles.)

☑ The following are addresses and descriptions of all destinations where I am requesting to travel with my occupational license:

_____

_____

_____

_____

_____

_____

_____

_____

_____.

☑ To reach the destinations described above, I must travel to or through the following Texas counties *(please fully describe all counties and routes traveled)*:

_____

_____

_____

_____

_____

_____.

☑ Below, I have fully described all public transportation options within one mile of any destination described above, including my home, place of work, school, or place where I

perform essential household duties. *(Public transportation options may include bus service, rail service, rural automobile service, ride-sharing services, etc.)*

_____
_____
_____
_____.

☐ I am the only member of my household who owns, leases, or has access to a motor vehicle.

☐ A member of my household other than me owns, leases, or has access to a motor vehicle. *(Please describe this person's weekly schedule below.)*

_____
_____
_____
_____
_____
_____.

☐ I own a bicycle or other means of non-motorized conveyance, described below.

_____
_____
_____.

☐ My work or school schedule is the **same** every week: I work or attend school during the following hours on the following days of the week *(check all that apply)*:

- ☐ Monday:
  _____
- ☐ Tuesday:
  _____
- ☐ Wednesday:
  _____
- ☐ Thursday:
  _____
- ☐ Friday:
  _____
- ☐ Saturday:
  _____
- ☐ Sunday:
  _____

☐ My work or school schedule **varies** from week to week. *(If you check this box, provide a general description of your work or school schedule below, including the total number of hours you work or attend school each week, days of the week on which you never work or attend school, days of the week on which you always work or attend school, and the earliest time your work or school day begins and the latest time your work or school day ends.)*

_____
_____
_____
_____
_____
_____
_____.

☐ My job duties include automobile travel. My employer requires me to travel by automobile to perform the following tasks:

_____
_____
_____
_____
_____
_____.

☐ I travel in pursuit of a trade or occupation as follows:

_____
_____
_____
_____.

☐ I perform the following essential household duties:

_____
_____
_____
_____
_____.

☐ To perform the essential household duties described above, I must travel by automobile during the following hours on the following days of the week *(check all that apply)*:

☐ Monday:

_____

☐ Tuesday:

_____

☐ Wednesday:

_____

☐ Thursday:

_____

☐ Friday:

_____

☐ Saturday:

_____

☐ Sunday:

_____

Section Four – Additional Documents.

☐ I have obtained evidence of financial responsibility (*automobile liability insurance*), SR-22 (if required by DPS), or that I am covered by insurance carried by another party at all times while driving. The evidence is attached to my petition.

☐ I have attached a Type AR certified abstract of my driving record to this petition. *(Note: the court cannot grant your petition without reviewing your driving record.)*

☐ I have attached documents demonstrating my essential need to operate a motor vehicle.

☐ I have attached other documents, which are described below:

_____

_____.

Petitioner requests that the court grant this Petition for Occupational License, and send a certified copy of this Petition, along with its order granting petitioner's occupational license, to the Texas Department of Public Safety.

_____

Petitioner's Signature Date of Birth Last 4 of SSN

SWORN TO AND SUBSCRIBED before me on _____, 20____.

_____

CLERK OF THE JUSTICE COURT OR NOTARY