

RESTORATION OF DRIVER'S LICENSE

NOTICE TO APPLICANT

Please read the application instructions carefully, and complete the application accordingly.

Submission of incomplete applications or applications that do not comply with instructions may result in the Board's Clemency Section soliciting you in writing for the correct documentation.

Failure to comply with instructions will delay processing.

For your records, make copies of all documentation that you submit to the Board's Clemency Section.

Due to the inability to retain records for extended time periods for incomplete applications, we are advising you NOT to provide originals of personal items, including but not exclusive to photos, transcripts, birth and other certificates, achievement awards, licenses, literature, social security and other identification cards or items, notebooks or binders, clemency proclamations. You may in lieu of originals provide copies of these documents with your submitted application.

RESTORATION OF DRIVER'S LICENSE

INSTRUCTIONS & CHECKLIST

Mail completed applications to: TEXAS BOARD OF PARDONS AND PAROLES
ATTN: CLEMENCY SECTION
8610 SHOAL CREEK BLVD.
AUSTIN, TX 78757

1. Submit a completed application form. Please respond to **all** items. If necessary, use "N/A," "Unknown," "None," or "Do not remember."
2. Applications must be typed or printed legibly in **black or blue** ink.
3. An official statement of the reason(s) for the court's denial of an application for an occupational driver's, chauffeur's, or commercial operator's license from the district court having jurisdiction. Refer to board rule §143.81.
4. Certified copies of all judgments, criminal or civil, which resulted in the revocation or suspension of the license; or, if the suspension or revocation resulted from administrative action by the Texas Department of Public Safety, a copy of the final departmental order of suspension. Refer to board rule §143.82.
5. Complete the attached application form as presented. You may submit attached documents as instructed in the application. Do not alter the presentation of this application either through reformatting or rewriting. Do not bind or staple the application with any other submitted material.
6. The application must be signed and dated by the applicant.
 - If the Board recommends restoration of driver's license, the Governor makes the final decision. The applicant will be notified in writing upon final action.
 - Please let us know of any change of address or telephone number.
 - On the Application Page 1 of 6, A. Demographic Information, where asked to provide the applicant's current name, input the full name as it might appear on a Governor's proclamation.
 - On the Application Page 1 of 6, A. Demographic Information, where asked to provide the applicant's current name, input the full name as it might appear on a Governor's proclamation.

APPLICATION FOR RESTORATION OF DRIVER'S LICENSE

TO THE BOARD OF PARDONS AND PAROLES OF TEXAS:

I hereby request the Board of Pardons and Paroles or its designated agent to file this application for Clemency, to investigate the statements herein made under oath and, if the facts so justify, make a favorable recommendation to the Governor of the State of Texas that a Restoration of Driver's License, to which I may be entitled under the laws of the State of Texas, be granted.

A. DEMOGRAPHIC INFORMATION

Current full name	Last Name	<input type="checkbox"/> Jr. <input type="checkbox"/> III	<input type="checkbox"/> Sr. <input type="checkbox"/> IV	First Name	Full Middle Name	
Name(s) convicted under						
Race and sex	Race _____ Sex _____					
Date and place of birth	Date of birth _____ Place of birth _____					
Driver's license	State >		Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M			
	Classified License	Number:	Currently suspended/revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Chauffeur's License	Number:	Currently suspended/revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Commercial Driver's License	Number:	Currently suspended/revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Occupational Driver's License	Number:	Currently suspended/revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Alias names (including maiden name, name by former marriage and nicknames), birth dates, social security #'s, etc.						
Current marital status	<input type="checkbox"/>	Married – Spouse's Name				
	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Single
Children / support / alimony	I have _____ children under the age of 18 years. I am supporting the following named children under the age of 18 years: _____ I currently pay \$ _____ / month in child support. I currently pay \$ _____ / month in alimony.					

B. ADDRESSES

<p>Current Mailing Address <i>Indicate your current mailing address.</i></p>		<p>Current Physical Address <i>Provide information even if the physical and mailing addresses are the same.</i></p>
Number and street _____ Apartment _____		Number and street _____ Apartment _____
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____
Home phone number [_____] _____		County of residence _____
Work phone number [_____] _____		Years resided at physical residence _____
Email Address _____		

Previous Addresses

List **all** previous physical addresses since age 18. Do not use post office boxes. If you lived in an apartment complex, list your apartment number. *All time periods must be accounted for.* Include complete dates (months and years of residence), addresses, city, state and zip codes. Complete this page before attaching any additional page(s). Place attachments behind this page.

From (month/year):	Number and street	Apartment
To (month/year):	City	State Zip Code

From (month/year):	Number and street	Apartment
To (month/year):	City	State Zip Code

From (month/year):	Number and street	Apartment
To (month/year):	City	State Zip Code

From (month/year):	Number and street	Apartment
To (month/year):	City	State Zip Code

C. EMPLOYMENT

Please give a comprehensive adult (since age 18) employment history, beginning with your present employment and working backwards. Include employer's name, address, and your job position working title, description of job duties, salary, dates employed, and reason for leaving. Complete this page before attaching any additional page(s). Place attachments behind this page.

From (month/year):	Employer name
To (month/year):	Employer address
Job position (working title)	Description of your work duties
Average monthly salary	Reason for leaving

From (month/year):	Employer name
To (month/year):	Employer address
Job position (working title)	Description of your work duties
Average monthly salary	Reason for leaving

From (month/year):	Employer name
To (month/year):	Employer address
Job position (working title)	Description of your work duties
Average monthly salary	Reason for leaving

From (month/year):	Employer name
To (month/year):	Employer address
Job position (working title)	Description of your work duties
Average monthly salary	Reason for leaving

D. STATUS

Provide information about the District Court's denial of your application for an occupational driver's, chauffeurs, or commercial operator's license.

(A) District Court Having Jurisdiction:

(B) Mark the appropriate response(s). The Court denied my application for an:

- Occupational driver's license
- Chauffeur's driver's license
- Commercial driver's license

(C) Date of Court's denial of my application:

(D) Cause number of the Judgment revoking or suspending my driver's license:

(E) Date of suspension of driver's license:

(F) Length of suspension:

(G) Reasons for the Court's denial of my application of driver's license:

Complete this page before attaching any additional page(s). Place any attachments immediately behind this page.

Was the driver's license revoked or suspended by a Court or after an administrative action by the or by the Texas Department of Public Safety? Mark the appropriate response.

- Revoked/suspended by a Court
- Revoked/suspended from an administrative action by the Texas Department of Public Safety

Approximately how many miles do you drive per year?

_____ Miles

Prior to the present suspension or revocation of your driver's license, had your license ever previously been suspended or revoked?

Yes

No

If "Yes", provide a detailed explanation on an attached page and place next under this Page 5 of 6.

Have you ever been convicted of driving or operating a motor vehicle on a public road in this or any other state while under the influence of alcohol or drugs prior to the present suspension or revocation (include deferred adjudication probation sentences)?

Yes

No

If "Yes", provide a detailed explanation on an attached page and place next under this Page 5 of 6.

Prior to the act upon which the present suspension or revocation is based, were you ever involved as the driver of a motor vehicle in any collision which resulted in a personal injury to yourself or any other person?

Yes

No

If "Yes", provide a detailed explanation on an attached page and place next under this Page 5 of 6. Include information about the personal injury and whether death was involved.

Subsequent to suspension/revocation of the driver's license, have you driven or operated a motor vehicle upon any public roads, highways or streets in the State of Texas?

Yes

No

If "Yes", provide a detailed explanation on an attached page and place next under this Page 5 of 6.

E. REQUEST TO THE BOARD OF PARDONS AND PAROLES

I am requesting the Board's favorable recommendation of a Restoration of Driver's License for (mark the appropriate request):

- Classified Driver's License
- Chauffeur's License
- Commercial Operator's License
- Occupational Driver's License

G. CERTIFICATION BY APPLICANT

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided. This application must be signed.

I hereby give my permission to the Board of Pardons and Paroles or its designated agent to make any inquiry and receive any information of record that it may deem proper in the investigation of this application for clemency; and

I understand that compliance with these requirements is sufficient for the Board's consideration of this application, but compliance does not necessarily mean that favorable action will result.

I hereby swear upon my oath that I am the subject herein named and the facts contained in this application are true and correct.

Applicant's Signature (Full Name)

Date

RESTORATION OF DRIVER'S LICENSE CHECKLIST

***Before submitting your application,** please ensure that you have complied with all application instructions and have reviewed the checklist information provided on this page. Incomplete applications will not be forwarded to the Texas Board of Pardons and Paroles for voting consideration.*

Eligibility

Did you review your eligibility for restoration of driver's license by reviewing the attached copy of board rules §143.81 and §143.82?

Completing the Restoration of Driver's License Application Form

Did you complete the application form as instructed? Review to insure that you have complied with all instructions, including the following:

- (1) Type or print legibly in black or blue ink;
- (2) Do not alter the presentation of the application by reformatting or rewriting the form, and do not bind or staple the application;
- (3) Respond to all items, if necessary using "N/A," "Unknown," "None," or "Do not remember;"
- (4) Sign with full name the application form with a date of signature.

Official District Court Statement

Did you provide an official statement of the reason(s) for the court's denial of your application for an occupational driver's, chauffeurs, or commercial operator's license from the district court having jurisdiction?

Certified Copies of Judgment / Departmental Order of Suspension

Did you provide certified copies of all judgments, criminal or civil, which resulted in the revocation or suspension of the license; or, if the suspension or revocation resulted from administrative action by the Texas Department of Public Safety, a copy of the final departmental order of suspension? Refer to board rule §143.82.

TEXAS BOARD OF PARDONS AND PAROLES RULES



Chapter 143. EXECUTIVE CLEMENCY

SUBCHAPTER G: RESTORATION OF DRIVER'S LICENSE

Rule §143.81 Preliminary Requirements

The board will consider recommending to the governor restoration of a driver's or commercial operator's license only after denial of an application for an occupational driver's or commercial operator's license by the district court having jurisdiction; the applicant must furnish an official statement of the reason(s) for the court's denial.

Rule §143.82 Subsequent Requirements

Upon making a preliminary determination to recommend to the governor the restoration of a driver's or commercial operator's license, the board will require from the applicant or person acting for him, certified copies of all judgments which resulted in the revocation or suspension of the license; or if the suspension or revocation resulted from administrative action by the Texas Department of Public Safety, a copy of the final departmental order of suspension is required. No further action will be taken by the board prior to receipt of the required judgment(s) or order.