

## JUDGE M. W. NELSON JUSTICE COURT 2 1922 SEALY AVE GALVESTON, TX 77550 409-766-2250

## Occupational Driver's License Procedures

Before beginning, it is recommended that you contact the Texas Department of Public Safety at (512)424-2600 regarding eligibility for an Occupational Driver's License. A filing fee <u>will not</u> be refunded due to the denial of a Petition/Application for Occupational Driver's License.

- 1. You must complete the Petition for Occupational Driver's License except for the Cause Number, and the last page, unless you intend to use a notary.
- 2. You are required to obtain SR-22 Insurance Coverage. Please contact your insurance company for the coverage. You will need to provide proof of SR-22 Insurance either at the time of filing the application, which we recommend, or at the hearing.
- 3. You are required to obtain and provide a **Certified Abstracts of Driving Record (Type AR)** either at the time of filing, which we recommend, or at the hearing. You may access the following website to apply for your required driving record: <a href="texasonline.com">texasonline.com</a>
- 4. The filing fee is \$54.00. An additional fee will be due after the hearing for certified copies of the order. We accept cash (exact amount), money order or cashier check.
- 5. The clerk will give you a hearing date.
- 6. Once the Order for Occupational License is signed you will need \$2.50 MONEY ORDER for a certified copy of the order to forward to DPS.

	CAUSE NO.			
EX PA	ARTE	. §	IN THE JUSTICE COURT	
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	NOVERIG VALVE	§	COUNTY TEVAC	
PETT	rioner's name	9	COUNTY, TEXAS	
	<u>PETITION FOR O</u>	CCUPA'	<u>ΓΙΟΝΑL LICENSE</u>	
I,		, se	ek an occupational license fron	n this court
	on the information provided below.	-		-
	s petition is true and correct. Failur	e to pr	ovide true and accurate inforn	nation may
result	in criminal penalties.)			
Section	on 1. General Information.			
M	y name is:			
M	y date of birth is:		<u>.</u> .	
	m a resident of			
M	y home address is:			
M	y mailing address (if different than al	oove) is		
M	y Texas driver's license number is:			
	I am employed, and my occupation	is		
				vice on my
	vehicle, and/or not to operate any interlock device.			an ignition
	I have not been ordered by a magis	trate to	install an ignition interlock de	vice on my
	vehicle, and/or not to operate any interlock device.	vehicl	e which is not equipped with	an ignition
	I have a commercial driver's license	Э.		
	I do not have a commercial driver's	license		
_	on 2. Reason(s) for Driver's Licens			thousands.
				noxication-
	related offense in			urodi oz
	A peace officer requested a s	sampie	or my bream or blood and I ref	isea; 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 automatically suspended as the result of a conviction for Driving While Intoxicated (DWI) in a County or District Court.
	My driver's license has been suspended as the result of a conviction for a criminal offense in a justice or municipal court. (Please provide information regarding this offense, including the name of the court in which you were convicted, the cause number, and the type of offense, below.)
	My driver's license has been suspended as the result of a physical or mental disability. My driver's license has been suspended as the result of a conviction for Racing on a Highway.
	My driver's license has been suspended because a court found that I am a "habitual violator of traffic laws."
	My driver's license has been suspended because a court ordered me to attend a Driver Education Program and suspended my license for 365 days.
	My driver's license has been suspended because of a failure to pay surcharges ordered by the State of Texas.
	My driver's license has been suspended for another reason, described below:
	on 3. Essential Need.
operate "need occupation white period occupation white order documents of the surface of the sur	In order to obtain an occupational license, you must demonstrate an essential need to the a motor vehicle. The Texas Transportation Code defines "essential need" as the of a person for the operation of a motor vehicle: (A) in the performance of an action or trade or for transportation to and from the place at which the person practices be or son's occupation or trade; (B) for transportation to and from an educational facility of the person is enrolled; or (C) in the performance of essential household duties." In to demonstrate an essential need to operate a motor vehicle, you may attach additional mentation, such as a letter from your employer. If you attach additional documentation, we to check the appropriate box in Section 5 of this petition.)  I am seeking this occupational license in order to (check all that apply):  Travel to and from my place of work;  Perform the duties of my job;
	☐ Travel to and from school; or

☐ Perform essential household duties.

The following are addresses and descriptions of all destinations to which I seek to travel with my occupational license:				
tra	ivel with my occupational license:			
_				
_				
_				
de pe	low, I have fully described all public transportation options within one mile of any stination described above, including my home, place of work, school, or place where I rform essential household duties. Public transportation options may include bus rvice, 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			

My job duties include automobile travel. My employer requires me to travel by
automobile to perform the following tasks:
I perform the following essential household duties:
In order 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 at that apply):
automobile during the following hours on the following days of the week (check at that apply):
automobile during the following hours on the following days of the week (check at that apply):
□ Monday:
automobile during the following hours on the following days of the week (check at that apply):    Monday:   Tuesday:   Wednesday:   Thursday:   Friday:
automobile during the following hours on the following days of the week (check at that apply):    Monday:   Tuesday:   Thursday:   Friday:   Saturday:
automobile during the following hours on the following days of the week (check at that apply):    Monday:   Tuesday:   Thursday:   Friday:   Saturday:   Sunday:
automobile during the following hours on the following days of the week (check at that apply):    Monday:
automobile during the following hours on the following days of the week (check at that apply):    Monday:
automobile during the following hours on the following days of the week (check at that apply):    Monday:
automobile during the following hours on the following days of the week (check at that apply):    Monday:
automobile during the following hours on the following days of the week (check at that apply):    Monday:   Wednesday:   Thursday:   Saturday:   Saturday:   Sunday:   Travel to school;   Travel to my place of work;   Perform my job duties; or

Section	n 4. Suspension History
My driv	ver's license has previously been suspended for:
	A second or subsequent conviction for Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code), committed within five years of a previous conviction for Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code).
	past five years, my license has been suspended for:
	A refusal to submit to the taking of a breath or blood specimen following an arrest for an offense prohibiting the operation of a motor vehicle or an offense prohibiting the operation of a watercraft while intoxicated, under the influence of alcohol, or under the influence of a controlled substance.  An analysis of a breath or blood specimen showing an alcohol concentration of .08 or above, following an arrest for an offense prohibiting the operation of a motor vehicle
	or watercraft while intoxicated.
	A conviction for Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code).
	A conviction for an offense other than Driving While Intoxicated (Section 49.04, Penal Code); Intoxication Assault (Section 49.07, Penal Code), or Intoxication Manslaughter (Section 49.08, Penal Code) prohibiting the operation of a motor vehicle or watercraft while intoxicated, under the influence of alcohol, or under the influence of a controlled substance.
Section	1 5. Additional Documents.
	I have obtained evidence of financial responsibility, which is attached to my petition. (Note: You may not be issued an occupational license unless you obtain evidence of financial responsibility.)
	I have attached a certified copy of my driving record to this petition. (Note: the court cannot grant your petition without reviewing your driving record.)
	I have attached documents which demonstrate my essential need to operate a motor vehicle.
	I have attached other documents, which are described below:

## **PRAYER**

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

	Petitioner's Signature	
SWORN TO AND SUBSCRIBED before me on	this day of	, 20
	CLERK OF THE JUSTICE COU	RT OR NOTARY