**Texas Department of Public Safety**

**Supplemental Examination DL-40 (Rev. 5/08)**

**For Department Use Only**

- Receipt Number
- Additional Test
- Vision Passed
- Advance in Grade
- Voluntary Re-Examination

**Restrictions and/or Endorsements**

- Added or Retained
- Use Code
- Removed
- Use Code

**Details**

- Use Code

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**Date of Birth**

- Month
- Day
- Year

**Eye Color**

**Sex**

**Height**

**Driver Education**

- Classroom
- Laboratory
- Motorcycle

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**YES**

- Are you a citizen of the United States? What is your County of Residence?
- Do you wish to donate $1.00 to the Blindness Education Screening and Treatment Program?
- Do you wish to donate $1.00 to the Glenda Dawson Donate Life – Texas Registry?
- In the event of death, would you like to make an anatomical gift?
- Do you consent to the release of your name, date of birth, driver license number and recent address to the statewide internet-based registry of organ, tissue and eye donors and for release to qualified organ, tissue and eye bank organizations?

I do solemnly swear, affirm, or certify that I am the person named herein, that my license or driving privilege is not now suspended, revoked, cancelled or denied, and there has been no major change in my physical condition. I further certify my residence address is a ( ) single family dwelling, ( ) apartment, ( ) motel, ( ) temporary shelter (check one) and all statements are true and correct.

Signature:

I do solemnly swear, affirm, or certify that I am the person named herein, that the statements on this application are true and correct and that the above named person is my ( ) son ( ) daughter ( ) ward and is under my custody. I therefore authorize the Department of Public Safety to grant a Class ( ) A ( ) B ( ) C ( ) M license to the above-named minor.

Signature of Parent or Guardian

Notary Public or Authorized Officer

City Where Notarized

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**Examination Results**

<table>
<thead>
<tr>
<th>EXAM</th>
<th>EXAMER</th>
<th>APPLICANT</th>
<th>PLACE</th>
<th>DATE</th>
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<tbody>
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**Record of Examination**

<table>
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<tr>
<th>NICK NAME</th>
<th>DATE</th>
<th>LOCATION</th>
<th>HOURS</th>
<th>COMMENTS</th>
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**Department Use Only**

- Name: From
- Address
- Height
- Date of Birth