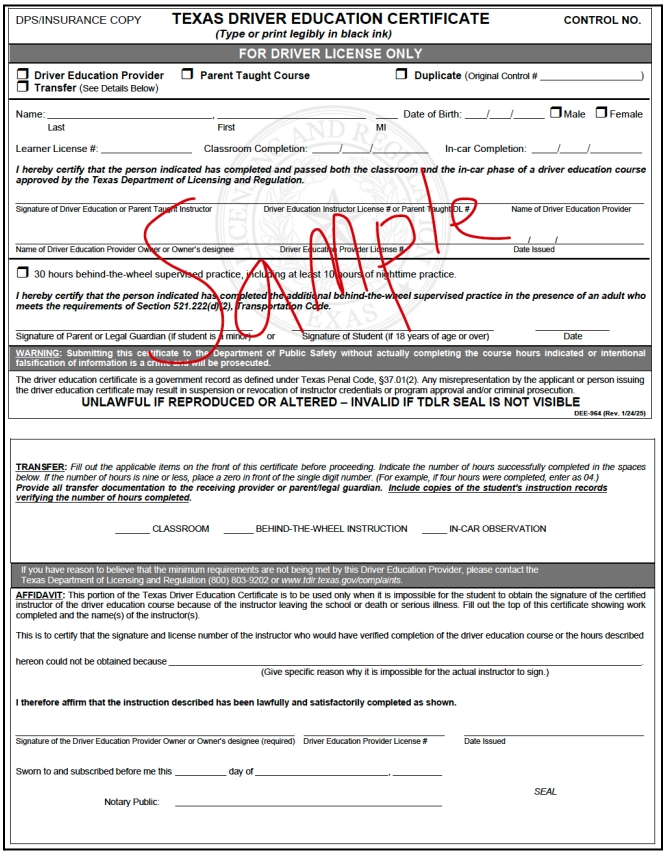
Teen Road Test Documents

DE-964 Certificate: DE-964 is a certificate showing completed all hours of classroom instruction and 14 hours of behind-the-wheel training with a driving school or parent-taught program. This certificate MUST say ‘For Drivers License Only’, NOT ‘For Learners License Only’. The Control Number in the top right corner must NOT be empty.



DPS/INSURANCE COPY

TEXAS DRIVER EDUCATION CERTIFICATE

(Type or print legibly in black ink)

CONTROL NO.

FOR DRIVER LICENSE ONLY

❒ **Driver Education Provider** ❒ **Parent Taught Course** ❒ **Duplicate** (Original Control # _____)
❒ **Transfer** (See Details Below)

Name: _____, _____ _____ Date of Birth: ____/____/_____ ❒ Male ❒ Female
Last First MI

Learner License #: _____ Classroom Completion: ____/____/_____ In-car Completion: ____/____/_____

I hereby certify that the person indicated has completed and passed both the classroom and the in-car phase of a driver education course approved by the Texas Department of Licensing and Regulation.

Signature of Driver Education or Parent Taught Instructor | Driver Education Instructor License # or Parent Taught DL # | Name of Driver Education Provider

Name of Driver Education Provider Owner or Owner's designee | Driver Education Provider License # | Date Issued

SAMPLE

❒ 30 hours behind-the-wheel supervised practice, including at least 10 hours of nighttime practice.

I hereby certify that the person indicated has completed the additional behind-the-wheel supervised practice in the presence of an adult who meets the requirements of Section 521.222(d)(2), Transportation Code.

Signature of Parent or Legal Guardian (if student is a minor) or Signature of Student (if 18 years of age or over) Date

WARNING: Submitting this certificate to the Department of Public Safety without actually completing the course hours indicated or intentional falsification of information is a crime and will be prosecuted.

The driver education certificate is a government record as defined under Texas Penal Code, §37.01(2). Any misrepresentation by the applicant or person issuing the driver education certificate may result in suspension or revocation of instructor credentials or program approval and/or criminal prosecution.

UNLAWFUL IF REPRODUCED OR ALTERED – INVALID IF TDLR SEAL IS NOT VISIBLE

DEE-964 (Rev. 1/24/25)

TRANSFER: *Fill out the applicable items on the front of this certificate before proceeding. Indicate the number of hours successfully completed in the spaces below. If the number of hours is nine or less, place a zero in front of the single digit number. (For example, if four hours were completed, enter as 04.)* ***Provide all transfer documentation to the receiving provider or parent/legal guardian. Include copies of the student's instruction records verifying the number of hours completed.***

_____ CLASSROOM _____ BEHIND-THE-WHEEL INSTRUCTION _____ IN-CAR OBSERVATION

If you have reason to believe that the minimum requirements are not being met by this Driver Education Provider, please contact the Texas Department of Licensing and Regulation (800) 803-9202 or *www.tdlr.texas.gov/complaints*.

AFFIDAVIT: This portion of the Texas Driver Education Certificate is to be used only when it is impossible for the student to obtain the signature of the certified instructor of the driver education course because of the instructor leaving the school or death or serious illness. Fill out the top of this certificate showing work completed and the name(s) of the instructor(s).

This is to certify that the signature and license number of the instructor who would have verified completion of the driver education course or the hours described hereon could not be obtained because _____.
(Give specific reason why it is impossible for the actual instructor to sign.)

I therefore affirm that the instruction described has been lawfully and satisfactorily completed as shown.

Signature of the Driver Education Provider Owner or Owner's designee (required) Driver Education Provider License # Date Issued

Sworn to and subscribed before me this _____ day of _____, _____

SEAL

Notary Public: _____

ITTD Certificate: Completed 2-hour Impact Texas Teen Drivers Online Program (ITTD). Upon completion, print the certificate (expires 90 days from issuance). [LINK HERE.]

CERTIFICATE OF COMPLETION

TEXAS DEPARTMENT OF PUBLIC SAFETY

IMPACT

TEXAS TEEN DRIVERS

This certificate is awarded to

JOHN MI

COPY

For successful completion of the Impact Texas Teen Drivers training

109 I DRIVE SAFELY

Commercial School/Public School/PTDE Course Provider

Signature of Driver Education Instructor/Parent/Guardian

Signature of Student

000215449

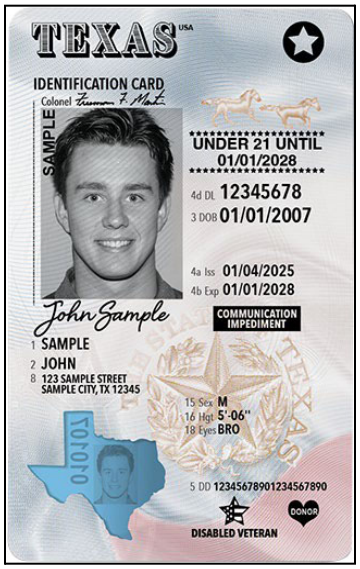
Student ITTD Number

Jun 23, 2016

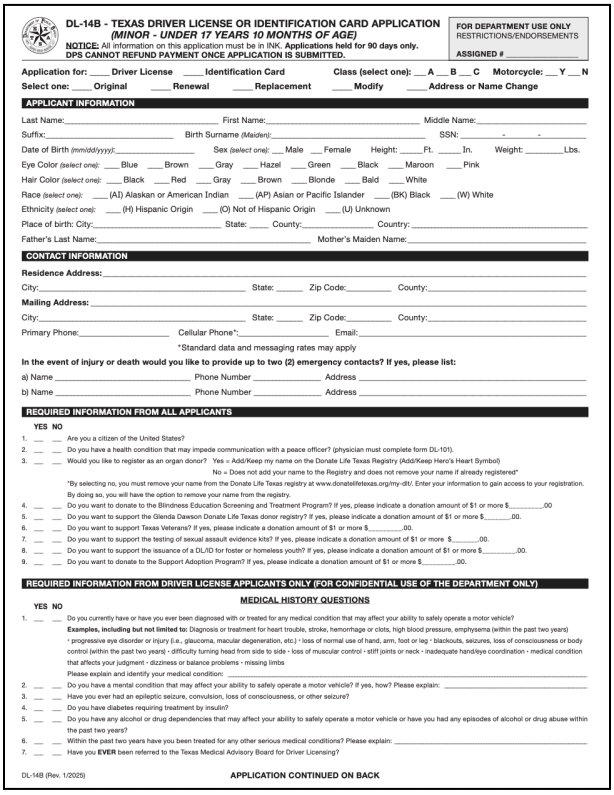
Director, Texas Department of Public Safety

Date

Learners Permit: Students must be at least 16 years old. A teen must hold a valid learner license (permit) for a minimum of 6 months (read the back of the permit for the "must hold learner license until" date).



DL-14B Form: This is the Texas driver license or identification application for minors under 17 years 10 months of age. There are two pages. You can print this online. The DPS and third party schools will also have copies available on the day of. [LINK HERE](#).



DL-14B - TEXAS DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION
(MINOR - UNDER 17 YEARS 10 MONTHS OF AGE)
NOTICE: All information on this application must be in INK. **Applications held for 90 days only. DPS CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED.**

FOR DEPARTMENT USE ONLY
RESTRICTIONS/ENDORSEMENTS
ASSIGNED # _____

Application for: ____ **Driver License** ____ **Identification Card** **Class (select one):** ___ **A** ___ **B** ___ **C** **Motorcycle:** ___ **Y** ___ **N**
Select one: ____ **Original** ____ **Renewal** ____ **Replacement** ____ **Modify** ____ **Address or Name Change**

APPLICANT INFORMATION

Last Name:_____ First Name:_____ Middle Name:_____
Suffix:_____ Birth Surname *(Maiden)*:_____ SSN: ___-___-___
Date of Birth *(mm/dd/yyyy)*:_____ Sex *(select one)*: ___ Male ___ Female Height: ____Ft. ____In. Weight: _____Lbs.
Eye Color *(select one)*: ____ Blue ____ Brown ____ Gray ____ Hazel ____ Green ____ Black ____ Maroon ____ Pink
Hair Color *(select one)*: ____ Black ____ Red ____ Gray ____ Brown ____ Blonde ____ Bald ____ White
Race *(select one)*: ____ (AI) Alaskan or American Indian ____ (AP) Asian or Pacific Islander ____ (BK) Black ____ (W) White
Ethnicity *(select one)*: ____ (H) Hispanic Origin ____ (O) Not of Hispanic Origin ____ (U) Unknown
Place of birth: City:_____ State: ____ County:_____ Country: _____
Father's Last Name:_____ Mother's Maiden Name:_____

CONTACT INFORMATION

Residence Address: _____
City:_____ State: _____ Zip Code:_____ County:_____
Mailing Address: _____
City:_____ State: _____ Zip Code:_____ County:_____
Primary Phone:_____ Cellular Phone*:_____ Email:_____
*Standard data and messaging rates may apply
In the event of injury or death would you like to provide up to two (2) emergency contacts? If yes, please list:
a) Name _____ Phone Number _____ Address _____
b) Name _____ Phone Number _____ Address _____

REQUIRED INFORMATION FROM ALL APPLICANTS

YES NO
1. ___ ___ Are you a citizen of the United States?
2. ___ ___ Do you have a health condition that may impede communication with a peace officer? (physician must complete form DL-101).
3. ___ ___ Would you like to register as an organ donor? Yes = Add/Keep my name on the Donate Life Texas Registry (Add/Keep Hero's Heart Symbol)
No = Does not add your name to the Registry and does not remove your name if already registered*
*By selecting no, you must remove your name from the Donate Life Texas registry at www.donatelifetexas.org/my-dl1/. Enter your information to gain access to your registration. By doing so, you will have the option to remove your name from the registry.
4. ___ ___ Do you want to donate to the Blindness Education Screening and Treatment Program? If yes, please indicate a donation amount of $1 or more $_____.00
5. ___ ___ Do you want to support the Glenda Dawson Donate Life Texas donor registry? If yes, please indicate a donation amount of $1 or more $_____.00.
6. ___ ___ Do you want to support Texas Veterans? If yes, please indicate a donation amount of $1 or more $_____.00.
7. ___ ___ Do you want to support the testing of sexual assault evidence kits? If yes, please indicate a donation amount of $1 or more $_____.00.
8. ___ ___ Do you want to support the issuance of a DL/ID for foster or homeless youth? If yes, please indicate a donation amount of $1 or more $_____.00.
9. ___ ___ Do you want to donate to the Support Adoption Program? If yes, please indicate a donation amount of $1 or more $_____.00.

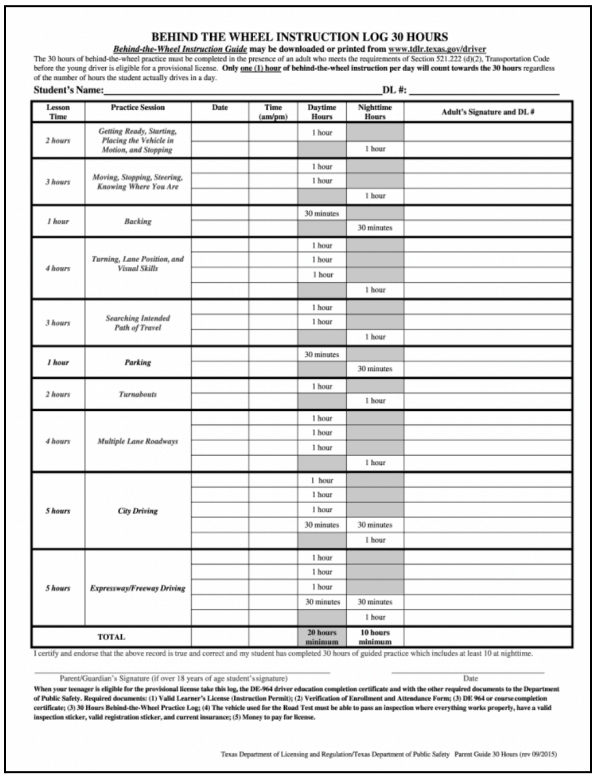
REQUIRED INFORMATION FROM DRIVER LICENSE APPLICANTS ONLY (FOR CONFIDENTIAL USE OF THE DEPARTMENT ONLY)

MEDICAL HISTORY QUESTIONS

YES NO
1. ___ ___ Do you currently have or have you ever been diagnosed with or treated for any medical condition that may affect your ability to safely operate a motor vehicle?
Examples, including but not limited to: Diagnosis or treatment for heart trouble, stroke, hemorrhage or clots, high blood pressure, emphysema (within the past two years) - progressive eye disorder or injury (i.e., glaucoma, macular degeneration, etc.) - loss of normal use of hand, arm, foot or leg - blackouts, seizures, loss of consciousness or body control (within the past two years) - difficulty turning head from side to side - loss of muscular control - stiff joints or neck - inadequate hand/eye coordination - medical condition that affects your judgment - dizziness or balance problems - missing limbs
Please explain and identify your medical condition: _____
2. ___ ___ Do you have a mental condition that may affect your ability to safely operate a motor vehicle? If yes, how? Please explain: _____
3. ___ ___ Have you ever had an epileptic seizure, convulsion, loss of consciousness, or other seizure?
4. ___ ___ Do you have diabetes requiring treatment by insulin?
5. ___ ___ Do you have any alcohol or drug dependencies that may affect your ability to safely operate a motor vehicle or have you had any episodes of alcohol or drug abuse within the past two years?
6. ___ ___ Within the past two years have you been treated for any other serious medical conditions? Please explain: _____
7. ___ ___ Have you **EVER** been referred to the Texas Medical Advisory Board for Driver Licensing?

DL-14B (Rev. 1/2025) **APPLICATION CONTINUED ON BACK**

30 Hour Driver Log: Completed 30 Hours Parent Driving Log. A minimum of 10 hours of practice have to be logged at night-time. A maximum of one hour per day can be logged. Parent log is not required if the student is 18 years old or older. LINK HERE.



BEHIND THE WHEEL INSTRUCTION LOG 30 HOURS

Behind-the-Wheel Instruction Guide **may be downloaded or printed from** www.tdlr.texas.gov/driver

The 30 hours of behind-the-wheel practice must be completed in the presence of an adult who meets the requirements of Section 521.222 (d)(2), Transportation Code before the young driver is eligible for a provisional license. **Only one (1) hour of behind-the-wheel instruction per day will count towards the 30 hours** regardless of the number of hours the student actually drives in a day.

Student's Name:_____ **DL #:** _____

Lesson Time	Practice Session	Date	Time (am/pm)	Daytime Hours	Nighttime Hours	Adult's Signature and DL #
2 hours	*Getting Ready, Starting, Placing the Vehicle in Motion, and Stopping*			1 hour		
					1 hour	
3 hours	*Moving, Stopping, Steering, Knowing Where You Are*			1 hour		
				1 hour		
					1 hour	
1 hour	*Backing*			30 minutes		
					30 minutes	
4 hours	*Turning, Lane Position, and Visual Skills*			1 hour		
				1 hour		
				1 hour		
					1 hour	
3 hours	*Searching Intended Path of Travel*			1 hour		
				1 hour		
					1 hour	
1 hour	*Parking*			30 minutes		
					30 minutes	
2 hours	*Turnabouts*			1 hour		
					1 hour	
4 hours	*Multiple Lane Roadways*			1 hour		
				1 hour		
				1 hour		
					1 hour	
5 hours	*City Driving*			1 hour		
				1 hour		
				1 hour		
				30 minutes	30 minutes	
					1 hour	
5 hours	*Expressway/Freeway Driving*			1 hour		
				1 hour		
				1 hour		
				30 minutes	30 minutes	
					1 hour	
TOTAL				**20 hours minimum**	**10 hours minimum**	

I certify and endorse that the above record is true and correct and my student has completed 30 hours of guided practice which includes at least 10 at nighttime.

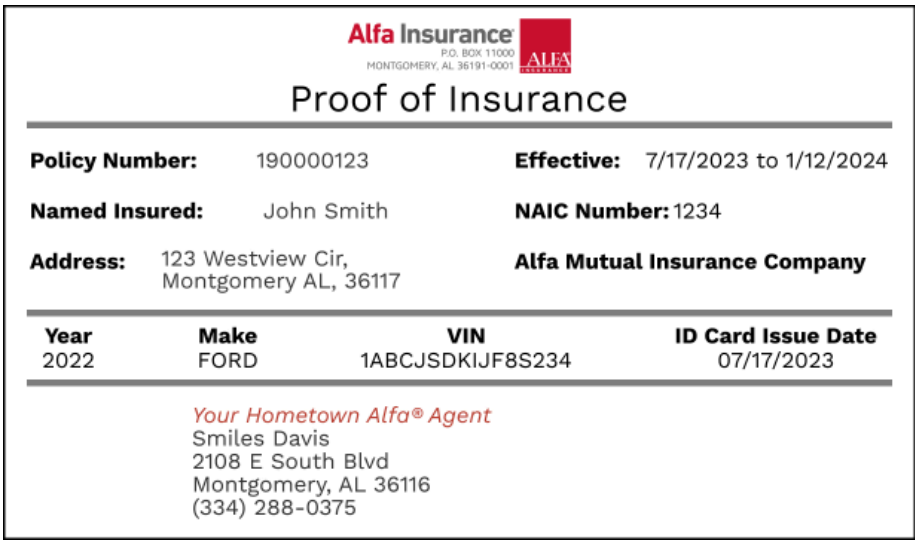
_____ Parent/Guardian's Signature (if over 18 years of age student's signature) _____ Date

When your teenager is eligible for the provisional license take this log, the DE-964 driver education completion certificate and with the other required documents to the Department of Public Safety. Required documents: (1) Valid Learner's License (Instruction Permit); (2) Verification of Enrollment and Attendance Form; (3) DE 964 or course completion certificate; (3) 30 Hours Behind-the-Wheel Practice Log; (4) The vehicle used for the Road Test must be able to pass an inspection where everything works properly, have a valid inspection sticker, valid registration sticker, and current insurance; (5) Money to pay for license.

Texas Department of Licensing and Regulation/Texas Department of Public Safety Parent Guide 30 Hours (rev 09/2015)

Parent/Guardian: If under 18 years old, a parent / guardian must be present at the time of the road test.

Car Insurance: If you plan to use your vehicle for the road test, we will need a printed copy of car insurance on the vehicle. The name of the parent/guardian on the insurance must be the person who is present with the student during the road test. If you use our vehicle, we will not require a copy of your insurance, but a parent/guardian must be present.



Alfa Insurance
P.O. BOX 11000
MONTGOMERY, AL 36191-0001

Proof of Insurance

Policy Number: 190000123 **Effective:** 7/17/2023 to 1/12/2024

Named Insured: John Smith **NAIC Number:** 1234

Address: 123 Westview Cir, Montgomery AL, 36117 **Alfa Mutual Insurance Company**

Year	Make	VIN	ID Card Issue Date
2022	FORD	1ABCJSDKIJF8S234	07/17/2023

Your Hometown Alfa® Agent
Smiles Davis
2108 E South Blvd
Montgomery, AL 36116
(334) 288-0375

Restriction A Note: If you have a restriction 'A' on your permit or license, this typically indicates that the driver is required to wear corrective lenses (glasses or contact lenses) while operating a motor vehicle. This is a legal requirement based on vision test results, ensuring that the driver maintains adequate eyesight for safety. For your road test, you must have on your corrective lenses.

Vehicle Requirements: If you choose to use your own car, be sure to verify every requirement, as these will be checked at the time of your test and may disqualify you from your road test. You may add the use of an AC Driving school car for $25 through the student portal.

1. **Insurance on a PAPER copy.** Check the expiration date and make sure the vehicle being used is listed.
2. **Unexpired registration sticker** on the windshield.
3. **All turn Signals MUST be working.**
4. **All brake lights MUST be working.**
5. **2 license plates.** These plates MUST be registered in Texas.
6. **Headlights MUST be both working** if the test is being taken during dim lighting.
7. **Horn MUST be working.**
8. **Windshield wipers MUST be working** if there is a chance of rain.
9. **Side mirrors and rear view mirror** must be present.
10. **Seat belts MUST be present.**
11. **Door handles MUST work from the inside.**