



TEXAS DEPARTMENT OF LICENSING AND REGULATION

REQUEST FOR RENEWAL

PO Box 12157 Austin, TX 78711	920 Colorado Austin, TX 78701	(800) 803-9202 (512) 463-6599 FAX: (512) 475-2871	www.license.state.tx.us customer.service@license.state.tx.us
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Licensee Name _____

License Type _____ License Number _____

YES NO Since your license was last issued, have you been convicted of, or pleaded guilty or nolo contendere (no contest) to any felony or misdemeanor, other than a minor traffic violation?

Date of Birth: ____/____/____
MM / DD / YR

Gender: F M
(Circle One)

MY PERMANENT ADDRESS IS:

MY BUSINESS ADDRESS IS:

NUMBER AND STREET

NUMBER AND STREET (PO BOX IS NOT ACCEPTABLE)

CITY, STATE, ZIP

CITY, STATE, ZIP

PHONE (INCLUDING AREA CODE)

PHONE (INCLUDING AREA CODE)

EMAIL ADDRESS

BUSINESS NAME

BUSINESS MAILING ADDRESS IF DIFFERENT FROM ABOVE

EMAIL ADDRESS

SIGNATURE OF LICENSEE

DATE

YOUR LICENSE MAY NOT BE RENEWED IF YOU ARE IN APPEARS ON CHILD SUPPORT IN DEFAULT ON A LOAN GUARANTEED BY THE TEXAS GUARANTEED STUDENT LOAN CORPORATION.