



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Education and Examination Division

P. O. Box 12157 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202

Fax: (512) 463-1512 • Email: Education@tdlr.texas.gov • Website: www.tdlr.texas.gov

APPROVAL REQUEST TO RECEIVE AND ISSUE DRIVER EDUCATION CERTIFICATES

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

Authority for Data Collection: TEC 29.902 and TEC 1001.055

Planned Use of Data: A public school, charter, college, university, or education service center (ESC) must complete this form and submit it to Texas Department of Licensing and Regulation for approval to receive and issue DE-964E driver education certificates or to update existing approvals.

Instructions: The chief school official, college/university administrator, or ESC director must complete all information on this form and submit it to TDLR for approval. Updates should be submitted as changes occur. All forms must be properly executed and contain original signatures where requested. For further information, please contact TDLR by phone at (512) 463-6599, by email at cs.driver.education.safety@tdlr.texas.gov or by FAX at (512) 475-2871.

1. Provide the following information. Type or Print.

Name of Public School Institution, Charter, ESC, College, or University:

School Physical Address:

Number, Street Name, Suite Number City State Zip Code

School Mailing Address:

Number, Street Name, Suite Number City State Zip Code

Telephone No.: ()

County-District Number: ()

Chief School Official (Superintendent), ESC or Charter School Director, or College/University Administrator

Type or Print Name:

Title:

Telephone No.: ()

Fax No.: ()

2. (OPTIONAL) Provide the information below if the Superintendent chooses to designate one Campus Administrator (Principal or Assistant Principal) and a back-up to sign on his behalf and be responsible for the day to day management of the driver education certificates (DE-964E). This does not remove the chief school official's responsibility for the program management.

	Last Name	First Name	M.I.	Title
Primary (Campus Administrator):				
Back-up (Any Staff):				
Telephone No.: ()	Ext:	Fax No.: ()		
Email for Primary Contact:				

3. Provide the following Campus/Instructor Information. Type or Print.

Identify each Driver Education Teacher (DET) and Driver Education Teaching Assistant (TA). Please use the attached District/Campus/Instructor Supplement if additional space is needed.

Campus List each offering a DE Program	Last Name	First Name	M.I.	Social Security Number	DET TA (check applicable)
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

