



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## SIX (6) HOUR DRIVING SAFETY COURSE APPLICATION INSTRUCTIONS

Each entity requesting to provide a 6-hour driving safety course shall provide an application for approval that shall be in compliance with 16 TAC §84.502 and TDLR established guidelines and criteria for a driving safety course.

1. Course Provider Name – Enter the name of the Course Provider.
2. Required Fee – Submit the required fee amount.
3. Organization Type – Indicate how your business is organized.
4. Name of Course – Enter the official name of the course.
5. Course Provider's Mailing Address and Contact Information – Enter the course provider's mailing address, phone number, fax number, email address and website address. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone number, and email address. If the Course Provider is out of State, registered agent information must be provided. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
6. Physical Address – Enter the physical address of the course provider. This address is the actual business location of the course provider and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address.
7. Registered Agent Mailing Address and Contact Information – Must be provided if course owner is out of state.
8. Owner Information – Enter the name of the owner and complete the ownership information.
9. Final Examination Question Chart - At least two (2) questions from each topic must be asked.
10. Certification Statement – Application must be signed by the owner, officer, or other authorized representative of the business. Be sure to print name, sign, and date the application.

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [Texas Department of Licensing & Regulation website](http://www.tdlr.texas.gov) or reach the Education and Examination Division via [webform](#) where you can submit your request for assistance and include attachments as needed. Customer Service can also be reached at (800)803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays)

## REQUIRED DOCUMENTS

- Completed application
- Fee of \$5,850.00 (All Fees are nonrefundable)
- Course Content Guide - (Created and submitted by applicant)
- Instructor Training Guide - (Created and submitted by applicant)
- Background Qualifications - Attach a brief description of your capability in writing instructional materials
- Attach a list of course materials and course references
- Driving Safety Certificate and Plan of issuance to comply with 16 TAC §84.61. (Must request the Certificate template from the Department.)
- Authorization to use Driving Safety Course Form or Driving Safety application and fee.



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## SIX (6) HOUR DRIVING SAFETY COURSE APPLICATION

1. Course Provider Name:

\_\_\_\_\_

2. Required Fee:

**\$5,850.00**

3. Organization Type:

Sole Proprietor       Partnership       Corporation       Limited Liability Corporation

4. Course Name:

\_\_\_\_\_

5. Course Provider's Mailing Address and Contact Information: (Used to receive mail from TDLR – P.O. Box is allowed)

Number, Street Name, Suite Number, Building Number

City, State, Zip Code

Email Address

Phone Number

Web Address

Contact Person's Name

Phone Number

Email Address

6. Course Provider's Physical Address: (P.O. Box is not allowed)

Number, Street Name, Suite Number, Building Number

City, State, Zip Code

7. Registered Agent Address: (if applicable)

Registered Agent Name

Phone Number

Email Address

Number, Street Name, Suite Number, Building Number

City, State, Zip Code

8. List the full name and contact information of the owners that have ownership in the business:

**Business Name:** (Owner Name, if Sole Proprietorship)

Business Name/Owner Name

Ownership %

**Mailing Address:**

Number, Street Name, Suite Number, Building Number

City, State, Zip Code

Phone Number

Email Address

**Additional Owner Information Mailing Address and Contact Information:** (if necessary attach additional pages)

Business Name/Owner Name \_\_\_\_\_

Ownership % \_\_\_\_\_

**Mailing Address:**

Number, Street Name, Suite Number, Building Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**9. FINAL EXAMINATION QUESTION CHART**

Required Topics	Identify the Number of Final Exam Questions for Each Required Topic
Introduction	N/A
The Traffic Safety Problem	
Traffic Laws and Procedures	
Defensive Driving Strategies	
Alcohol and Traffic Safety	
Special Skills for Difficult Driving Environments	
Driving Emergencies	
Factors Influencing Driver Performance	
Perceptual Skills Needed for Driving	
Physical Forces that Influence Driver Control	
Occupant Restraints and Protective Equipment	
Comprehensive Examination	N/A
Total Questions	

## CERTIFICATION STATEMENT OF REQUIRED DOCUMENTATION

By placing a check mark in each applicable box below and by my signature, I certify that the required documentation will be maintained and made available to the Department. I certify that I am providing accurate information and will comply with all applicable provisions of the Texas Occupations Code, Chapter 51; Texas Administrative Code (TAC), Title 16, Chapter 84; and the Texas Education Code, Title 5, Chapter 1001. I understand that providing false information on this application may result in revocation of the license or approval of the license I am requesting, and the imposition of administrative penalties and/or sanctions. Audit violations may be imposed if I am not in compliance with the following:

**Place an (X) in each box confirming compliance with these requirements:**

- I will conform to the standards set forth in rule related to curriculum of a driving safety course and confirm that my course meets all requirements, including all legislative mandates, and certify all materials meet or exceed the minimum standards to be approved in the State of Texas. *TAC 84.502*
- I will inform the student that they must attend the course in its entirety and a minimum score of 70 must be achieved on the final examination in order to pass the course and receive the uniform certificate of course completion. *TAC 84.502(a)(1)(C)*
- I will create and have available to the department the required instructor training guide that contains a description of the plan, training techniques, and curriculum to be used to train instructors to present the concepts of the approved driving safety course. *TAC 84.502(a)(1)(E)*
- I will create and have available to the department the required course content guide that is a description of the content included in the course and the techniques of instruction that will be used to present the course. *TAC 84.502(a)(1)(B)*
- I will seek approval for any changes and updates to my course prior to offering them. *TAC 84.502(a)*
- I understand that an audit may be conducted without prior notice to determine whether we are complying with the requirements of Texas Administrative Code, Title 16, Chapter 84 and Texas Occupations Code, Chapter 51. No fee will be charged to any Department employees or representative and I will cooperate fully with the Department.

\_\_\_\_\_  
Signature of Owner, Officer, or Authorized Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Owner, Officer, or Authorized Representative

\_\_\_\_\_  
Title



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## AUTHORIZATION TO USE DRIVING SAFETY COURSE

This form is used by the course provider and driving safety school as verification of agreement. This form must be completed by the course provider and driving safety school. A course provider must submit written authorization to the department for each designated representative.

I, \_\_\_\_\_, provider for the driving safety course entitled  
(Name of Course Provider)

( \_\_\_\_\_ )  
(Course Provider #) (Name of Course)

do affirm that the driving safety school listed below is authorized to offer this course at an approved driving safety school and all approved multiple classroom locations. The course provider has provided adequate course materials to present the course as it has been approved by the department.

\_\_\_\_\_  
(Typed or Printed Name of Driving Safety School Owner)

\_\_\_\_\_  
(Legal Name of School)

\_\_\_\_\_  
(Street Address of School)

\_\_\_\_\_  
(City) (State) (Zip Code)

Method of Delivery:

Traditional

Alternative Delivery Method

Signatures of the driving safety school owner and the course provider below indicate an agreement to conduct the course in compliance with all course provider policies and procedures. The school owner is aware of the course user fee (which includes the exact cost of the TDLR Certificate of Completion **plus** a minimum \$3 fee) and the \$25 minimum cost that must be charged for each student receiving instruction. The school owner understands that the authority to operate a driving safety school may cease if the course provider's license is denied, revoked, or expires.

\_\_\_\_\_  
Signature of School Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Course Provider or Designated Representative

\_\_\_\_\_  
Date