

**CITY OF PORTLAND MUNICIPAL COURT
APPLICATION FOR DRIVER'S SAFETY**

NAME: _____

CITATION NUMBER: _____

VIOLATION: _____

REQUIREMENTS

- Provides valid proof of financial responsibility
- \$ 144.00 + \$ 25.00 if in a School Zone
- Must complete within 3 months, no extensions given.

PLEASE ANSWER YES OR NO:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you hold a COMMERCIAL driver's license Class A & some B, or did you hold a COMMERCIAL driver's license on the date the offense was committed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Provisional or Occupational license? |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed a course within the last 12 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Offense occurred in a construction or maintenance work zone when workers are present? |
| <input type="checkbox"/> | <input type="checkbox"/> | Failed to leave information at the scene of an accident? |
| <input type="checkbox"/> | <input type="checkbox"/> | Involves passing a school bus? |
| <input type="checkbox"/> | <input type="checkbox"/> | Involves failing to obey school crossing guard.? |
| <input type="checkbox"/> | <input type="checkbox"/> | Involves speeding in excess of 25 mph or more over the posted speed limit or in excess of 90 mph? |

**** If you answered yes to any of the above questions, you do **not** qualify for Driver's Safety ****

PLEASE ANSWER YES OR NO:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you a valid Texas driver license/active military/occupational/permit that is not a commercial license or permit? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you younger than 25 years of age? If YES, you may be required to complete a driving safety Course (Defensive Driving) during the deferral period. |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an accident involved at the time you received this citation resulting in property damage such as hitting guard rail and the vehicle cannot operate on its own power or serious personal injury such death? |



Defendant's Signature: _____

Address: _____

Signed on: _____

**** IT IS A STATE JAIL FELONY TO MAKE A FALSE STATEMENT ON THIS DOCUMENT****