

OCCUPATIONAL LICENSE QUESTIONNAIRE

1. What is your full name? _____
2. What is your phone number? _____
3. What is your email address? _____
4. What is your date of birth? ____ / ____ / ____
5. What is your driver's license number? _____
6. What is your Social Security number? ____ - ____ - ____
7. What is your residence address? _____
8. What is the date your driver's license was suspended? _____
9. Did you receive an *Order of Disqualification* from the Texas Department of Public Safety? Yes / No
10. If not, how did you learn of the suspension?

11. Was the suspension because of physical or mental disability or impairment? Yes / No
12. Have you had a prior suspension arising from an alcohol-related or drug-related enforcement contact in the five (5) years preceding the date of this arrest? Yes / No
13. Have you ever been issued an occupational driver's license? Yes / No
14. If so, have you been issued, in the last ten (10) years, more than one occupational license after a conviction under the laws of this state? Yes / No
15. Do you have a valid policy of automobile liability insurance? Yes / No
16. Do you have an essential need to operate a motor vehicle in the performance of your occupation? Yes / No
17. Employment Information:
 - a. Title: _____
 - b. Name of Employer/Company: _____
 - c. Employer/Company Address:

d. Kind of Services Employer/Company Performs:

e. Typical Work Schedule

i. Walk me through a typical day.

ii. Days of the Week: _____

iii. Hours of the Day: _____

f. Is public transportation available to go to and return from your employment at the times stated? Yes / No

g. Can you make arrangements for a carpool or to have a member of your family drive you to and from work? Yes / No

h. Can you support yourself and your family without working? Yes / No

18. Do you also possess an essential need to drive to and from the grocery store, religious services, and other such locations to perform crucial family obligations? Yes / No

19. Are there other places that you absolutely need to be able to drive to? Yes / No

20. What are they? _____

21. We are going to request that you be granted driving privileges for as many as twelve (12) hours each day. This is merely a request. There is no guarantee that it will be granted. What times of day would you prefer? We can split the time up so that you can drive early in the morning and late in the evening (e.g. 7 a.m. to 11 a.m. and 1 p.m. to 9 p.m.). Otherwise, we could request one large block of time (e.g. 8 a.m. to 8 p.m.). What would you prefer?
