

STATE OF TEXAS
DEPARTMENT OF PUBLIC SAFETY
SAFETY RESPONSIBILITY
PO BOX 15999
AUSTIN, TX 78761-5999

TWO YEARS HAVE ELAPSED SINCE THE DATE PROOF OF FINANCIAL RESPONSIBILITY FOR THE FUTURE WAS REQUIRED; THEREFORE, I REQUEST THE REQUIREMENT OF MAINTAINING SUCH PROOF BE WAIVED.

On (Date of Accident) _____ City _____

OR

On (Date of Conviction) _____ Offense _____

County/City _____

OR

On (Date of Judgment) _____ Court _____

In case number _____, I was required to file proof of financial responsibility for the future, and now that two years have elapsed, I request the Department of Public Safety to waive this requirement.

I further certify that in the past two years preceding this request, I have not been convicted of an offense, forfeited bail or been involved in an automobile accident that would require the filing of proof of financial responsibility for the future, or that would permit the suspension or revocation of my license, registrations or non-resident operating privileges under any section of the Texas Motor Vehicle Safety Responsibility Act.

Signed _____

Mailing Address _____
Street City State Zip

Date of Birth _____ Drivers License No. _____

Subscribed and sworn to before me this _____ day of _____
Year

Notary Public in and for _____ County, Texas

**A \$100.00 REINSTATEMENT FEE IS REQUIRED WHEN THIS INSTRUMENT
IS FILED WITH THE DEPARTMENT OF PUBLIC SAFETY**