

NOTICE OF CONVICTION AND SUSPENSION/DISQUALIFICATION

NAME (PRINT OR TYPE) _____
(LAST) (FIRST) (MIDDLE) (SSN)

DRIVER LICENSE NO.,
ID NO. OR NONE _____ BIRTHDATE _____ RACE _____ SEX _____
(Indicate State if other than Texas)

ADDRESS _____ CITY _____, TEXAS _____
(Zip Code)

OFFENSE COMMITTED _____
(Type and/or description of offense)

DATE OFFENSE COMMITTED _____ DISPOSITION/CONVICTION DATE _____

OFFENSE COMMITTED IN COMMERCIAL VEHICLE _____ YES _____ NO _____ UNKNOWN _____
TRANSPORTING HAZARDOUS MATERIAL _____ YES _____ NO _____ UNKNOWN

EMPLOYER _____
(IF CONVICTED OF VIOLATING OUT OF SERVICE ORDER)

NOTE: COURT MUST PROVIDE SUSPENSION OR DISQUALIFICATION DATES
Questions, please contact Texas Department of Public Safety, Enforcement and Compliance Service at 512/424-2031.

BEGINNING DATE _____ ENDING DATE _____

CERTIFIED BY SIGNATURE _____ TITLE _____ PHONE # _____

COURT _____ COUNTY _____ CAUSE/DOCKET # _____

MAIL TO: TEXAS DEPARTMENT OF PUBLIC SAFETY
ENFORCEMENT AND COMPLIANCE SERVICE
PO BOX 4087, AUSTIN TX 78773-0320

EMAIL TO: ConvictionReporting@dps.texas.gov

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