## **DSC Request Form**

Citation #						
I hereby waive my right to a DRIVER'S SAFETY COURSE C	·		DERE" (NO CO	NTEST) &	request to t	ake a
	You MUST	SEND the fo	ollowing:			
1 <b>DSC FEE</b> OF: \$144.00 -	· · · · · · · · · · · · · · · · · · ·			DER or CA	ASHIER'S CHE	ECK made
payable to: City of Terrell H			J,			
2 PROOF OF VALID INS						
3 COPY OF VALID TX D		lilitary ID ar	d valid out of	state Drive	er License wi	ill also be
accepted). I understand tha	t these costs are in additi	on to the co	st of the cours	se and if I	do not comp	lete all the
requirements within 90 day	s the balance of the fine	will be due (	the \$10 admin	fee is nor	n refundable	r.)
DO NOT PROCEED TO TAKE	THE COURSE UNTIL AFT	ER YOU REC	EIVE A DSC INS	STRUCTIO	N SHEET FRO	OM THE
<u>COURT</u> .						
CERTIFY BY: CHECKING or IN	NITALING below that you	meet all of t	he DSC qualific	cation belo	ow:	
I have a valid NON COM						or permit lor
copy of an active Military ID		W requires t	nac you nave o	. <u>1270 to</u> D.	TVCT ETOCTISC	o. pe /o.
I am not in the process	•	another cita	ntion			
I have not completed a	_			n one yea	r prior to the	e date of this
violation						
I have enclosed a copy	of current Liability Insura	nce (with m	y name listed o	on policy)	or other forr	m of financial
responsibility as allowed by	law					
-1						
Phone # (						
Current Mailing Address:						
City:	<del> </del>	_ State:	Zip:			
My name is						
My name is(First)	(Middle)		(Last)			
my date of birth is/_	/, and m	y address is				
				and		
/Cturant)			/7:n Cada)	, and	(Country)	·
(Street)	(City)	(State)	(Zip Code)		(Country)	
I declare under penalty of p	erjury that the foregoing	is true and	correct.			
	_					
Executed in	County, State of	, on the	day	of		2020.
				(Mon	th)	

Declarant (Defendant Signature)