DL-13 (8/02)

SOCIAL SECURITY AFFIDAVIT
Texas Department of Public Safety

NAME: _____ DOB: _____
(LAST) (FIRST) (MIDDLE/MAIDEN)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

As a condition of the issuance of a Texas driver license, I hereby certify that I have never applied for, been issued or assigned a Social Security Number by the Social Security Administration; or I have applied for and been denied the issuance of a social security number due to my ineligibility.

Further, I do hereby authorize a review of and full disclosure of all records concerning the issuance or use of a Social Security Number to any duly authorized agent of the Texas Department of Public Safety, whether the said records are of a public, private or confidential nature. This information will be used to determine my eligibility to receive a Texas driver license based on the requirement to provide a Social Security Number.

NOTICE: I understand that failure to provide required information during the driver license application process will be cause for cancellation of my Texas driver license and/or driving privilege pursuant to Texas Transportation Code 521.315 and will subject me to other criminal penalties including Texas Transportation Code, Section 521.451 and Section 521.454.

I hereby certify, under penalty of perjury that the above information is true and correct.

Signature: _____ **Date:** _____

Subscribed and affirmed, or sworn to before me on this _____ day of _____, 20_____, in the county of _____, State of Texas.

_____
Signature, Authorized Agent of Texas Department of Public Safety, ID #, Station #

For Office Use Only: _____ DL# Issued: _____