

## **TEXAS DEPARTMENT OF LICENSING & REGULATION**

P.O. Box 12157 • Austin, Texas 78711-2157 www.tdlr.texas.gov

PUBLIC SCHOOL ORDER FORM FOR DRIVER EDUCATION CERTIFICATES (DE-964E)				
Name of Institution:				County-District Number:
Physical Address:				County:
Number, Street Name, Suite Number/Building Num	nber	City, Sta	te, Zip Code	
Email Address	Phone Number			
Mailing Address and Contact Information:				
Number, Street Name, Suite Number/Building Nur	nber	City, State,	Zip Code	
Email Address	Phone Number		FAX Number	
School Official or Designee Name:	-			
Title:  ☐ College/University Administra	ator	Education	Service Center Direct	or
☐ Chief School Official (Superin	ntendent) 🗆	Designee	(Primary or Back-up)	
Email Address	Phone Number		FAX Number	
Certificate Order Information:				
Number of Certificates:	x \$1.00 each	Total Amou	nt Due: \$	
Payment Method: (Choose One)				
□ Payment Enclosed: (Make checks or money orders payable to TDLR)  Check Number: Check Amount: \$				
□ Purchase Order Enclosed: (Copy of PO must be submitted)  Purchase Order Number:				
Return completed form with Check/Purchase Order to:				
Texas Department of Licensing and Regu P. O. Box 12157 Austin, TX 78711	lation			
Orders will not be processed without a	payment.			
For additional information and questions, p can submit your request for assistance and				via webform where you
School Official or Designee Signature:				
Signature	Printed Name			Date