

**CH'S DPS DRIVER'S LICENSE INFO:**

09/17/1991 Driver's License Application:

- Presented birth certificate as ID.
- Last license expired in "89?" (9/20/91 printout shows expiration date as 7/14/89), number 08475310.
- SSN 457-96-7119, DOB 07/14/1954.
- 5'7", 200 lbs., Race is white; hair black, eyes brown.
- Address: 822 Hancock #1, CC, TX 78404.
- Seems to lie about prior drug/alcohol use and arrests
- 20/40 vision in both eyes

08/09/1994 Update:

- Lists original application date as 09/25/1991.
- SSN 457-96-7119, DOB 07/14/1954
- Address: 1817 Shely, CC, TX 78404
- Race is white, eyes brown, hair black.
- 5'7", 155 lbs.

11/10/1980 Application:

- DOB 07/14/1954.
- Address: 217 S. Carrizo, CC, TX 78401, 883-4127.
- 5'7", 155 lbs.
- Race is white, eyes brown, hair black.
- Employer is T-J Drilling Co.
- .

03/04 or 05/1986 (from printouts dated 3/5/86 and 9/20/91):

- Address: 107 Sam Rankin; CC TX 78404 (1986); 1010 Buford, Apt. C, CC, TX 78401 (from 1991??)
- 5'7", 155 lbs
- Race is white, eyes brown, hair black.

Carlos Hernandez D.P.S. driving license details

## TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N. LAMAR BLVD • BOX 4087 • AUSTIN, TEXAS 78773-0001  
512/424-2000  
www.txdps.state.tx.us



THOMAS A. DAVIS JR.  
DIRECTOR

DAVID McEATHRON  
ASST. DIRECTOR



COMMISSION  
COLLEEN McHUGH  
CHAIRMAN

ERNEST ANGELO, JR.  
CARLOS H. CASCOS  
COMMISSIONERS

February 7, 2005

William Belford  
1000 E. 15<sup>th</sup> St.  
Austin, TX 78702

RE: Request for Records of Carlos Hernandez (05-0008)

Dear Mr. Belford:

We have located nine pages of additional documents by running Mr. Hernandez' name and date of birth through driver records rather than using the DL number you gave us.

Including your previous outstanding balance, the total amount due for copying charges is now \$12.30. Copies of the latest documents will be forwarded to you upon receipt of your payment. If you wish to pay in person, you will need to bring a check (payable to "Department of Public Safety") or exact change. Please call ahead to let us know you are coming so we can be sure to have the copies ready.

If you have questions, please contact me at (512) 424-2890.

Sincerely,

Pamela Smith  
Sr. Asst. Counsel

/ps  
VORA\05-0008cl

91268 301 C740 HERNANDEZ CARLOS

DL 14A (4/80)

07 14 84

0247 0040

APPLICATION FOR TEXAS

DL 14A (4/80)

- DRIVER'S LICENSE A B  M (Circle CLASS WANTED)
- INSTRUCTION PERMIT  COMMERCIAL DRIVER'S LICENSE
- IDENTIFICATION CARD  NON-COMMERCIAL DRIVER'S LICENSE

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK. The signature shall be WRITTEN in BLACK INK.

Last Name <b>Hernandez</b>		First Name <b>Carlos</b>		Middle Name <b>(None)</b>		Maiden Name		Social Security Number <b>457-96-7119</b>	
RESIDENCE ADDRESS NUMBER AND STREET <b>822 Hancock #1</b>						BIRTHDATE MO DAY YEAR AGE <b>07 14 84 37</b>			
CITY <b>Corpus Christi</b>		COUNTY <b>Christi</b>		STATE OF DOMICILE <b>TEXAS</b>		ZIP CODE <b>78404</b>		COLOR EYES <b>Brown</b>	
MAILING ADDRESS (if different) STREET or BOX NO		CITY		STATE		ZIP CODE		RACE <b>W</b>	
PLACE OF BIRTH CITY <b>Corpus Christi</b>		STATE <b>TEXAS</b>		WEIGHT <b>200</b>		NATURAL COLOR HAIR <b>Black</b>			
RESIDENT TELEPHONE NO.		PLACE OF EMPLOYMENT		BUSINESS TELEPHONE					

- INSTRUCTIONS:** If applying for ID Card only - answer Questions 1, 3 and 4 only. If applying for a Driver License - answer all questions.
- IDENTIFICATION CARD INFORMATION**
- ( ) Have you ever had a Texas Identification Card? Number \_\_\_\_\_ When? \_\_\_\_\_
  - ( ) Are you enrolled or have you completed an approved driver education course?
  - ( ) Have you ever had a license or instruction permit in Texas? Number \_\_\_\_\_ Expired? Yes \_\_\_ No \_\_\_
  - ( ) Have you ever had a license or instruction permit in any other state? What State's Number \_\_\_\_\_ Expired? Yes \_\_\_ No \_\_\_
  - ( ) Is your license or driving privilege now suspended, revoked, cancelled, denied or disqualified? **Expired 8/77** Where? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_
  - ( ) Has your license or driving privilege ever been suspended, revoked, cancelled, denied or disqualified? Where? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_
  - ( ) Are you at this time placed out of service? Why? \_\_\_\_\_
- FINANCIAL RESPONSIBILITY**
- ( ) Is the vehicle(s) you will use on the road test covered by an automobile liability insurance policy that meets the minimum requirements in Texas or exempt under the Act? (Exemptions: Government Vehicle; Certificate of Self-Insurance; Non-resident-Out of State Vehicle; Operated under Railroad Commission Permit.)
- MEDICAL HISTORY**
- ( ) Do you have any physical defects such as: ( ) missing limb, ( ) stiff neck, ( ) stiff arms or joints, ( ) loss of muscular control, ( ) other \_\_\_\_\_?
  - ( ) Have you been under medication or hospitalized for a mental, nervous, or emotional condition within the past: ( ) one year if applying for Class C License? ( ) two years if applying for Class A or B License?
  - ( ) Have you had an epileptic seizure, convulsions, unexplained loss of consciousness, or other type of seizure within the past: ( ) one year if applying for Class C License? ( ) two years if applying for Class A or B License?
  - ( ) Do you have diabetes requiring treatment with insulin by injection?
  - ( ) Have you had a problem, been arrested, or hospitalized as a direct result of alcohol or drug abuse within the past: ( ) one year if applying for Class C License? ( ) two years if applying for Class A or B License?
  - ( ) Have you been diagnosed or hospitalized for: ( ) diabetes, ( ) heart trouble, ( ) stroke, hemorrhage or clots, ( ) high blood pressure, ( ) blood vessel disorder, ( ) emphysema within the past: ( ) one year if applying for Class C License? ( ) two years if applying for Class A or B License?
  - ( ) Within the past two years, have you been treated for any other serious medical conditions?
  - ( ) Have you ever been referred to the Medical Advisory Board for Driver Licensing?
- I DO SOLEMNLY SWEAR OR AFFIRM THAT I AM THE PERSON NAMED AND DESCRIBED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT
- Signature:** *Carlos Hernandez*  
**WRITE USUAL OR INITIALS**

**VISION TEST**

Both  
20/40 20/40 20/40  
**UNCORRECTED**

20/ 20/ 20/  
**CORRECTED**

**COLOR HEARING**

Red  Deaf   
Green  Poor   
Normal  Good

**DRIVER EDUCATION**

- Classroom
- Concurrent
- Laboratory
- M/C 20 Hour

**ID PRESENTED**

- Out of State
- Birth Cert.
- Passport

*Corpus Christi*

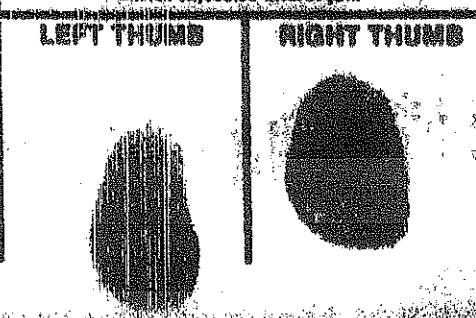
For Parent or Guardian if applicant is under age 18, I do solemnly swear the above named applicant is my ( ) child ( ) stepchild ( ) ward; and that the information given on this application is true and correct. I authorize the Department of Public Safety to issue a Class ( ) A ( ) B ( ) C or ( ) M license to said minor.

False information could result in a fine being levied. FINE: \$2,000.00 and/or jail.

Signature of Parent or Guardian \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Sworn to and subscribed before me this 09th day of SEP 1984

*Notary Public or Authorized Officer*



**Fee # 25622**

- O/S Attached
- O/S Lost

*System down*



02470460 HERNANDEZ,CARLOS DOB 07141954 HST= Y WDB= N STP= N ALM=  
1817 SHELY CORPUS CHRISTI TX 78404-0000 CNTY NUECES  
CLASS C NO CDL ISS 08081994 STA 301 CAM 1034 EXP 0714199  
CLERK C732 FEE 1000 RECEIPT # E2191233 REST END

RACE WHI SEX M EYES BROWN HAIR BLACK HT 5-07 WT 155 HISTORY A DRIVER ED  
ORIG APL DATE 09251991 I-80 MICFLM 0000000000 LAST TRN UD UPDATED 08091994  
MAIL ADD 00000-0000 MAIL REN NO

LIC ISSUE DT 00000000 GDL DT 00000000 \*CLS LAST DR TST

SSN FLAG SSN 457-96-7119 WEB REN NO \*PASSED OR WAIVED

PRIVACY C CITZ UNK VOTER NO OTHER TX NUMBER \*DATE DR TEST 000000

BE 000 AE 000 CSO N SO IND NO SO DATE 00000000 FTA N \*EXEMP DTE 000000

STATE NUMBER PDPS NO CDLIS NO USSS: N \*CORE TEST DT 000000

1. SSN 000-00-0000 \*COMB VEH DT 000000

2. \*AIRBRAKES DT 000000

3. \*HAZ MAT DT 000000

NAMES DOBS \*TANK TST DT 000000

1. 1. 00000000 \*DBL/TRIP DT 000000

2. 2. 00000000 \*TYP PASS TST

3. 3. 00000000 \*PASS TEST DT 000000

CHANGE STATE OF RECORD INFORMATION: \*TYP SB TST

STATE NUM DATE 00000000 \*SB TST DT 000000

X=CODE A=ALARM H=HISTORY I=IMAGE M=MICFLM W=WARRANT R=RETURN G=MAIN/MENU

S=STOP PA1=PRINT MESSAGE: INQ01: --- REQUEST PROCESSED ---

171-1591



TYPE  
YES FOR  
OTHER DL

TYPE  
DL  
ID  
CAR

RECEIPT NO. **E 2191233**

*DL*

DL EMPLOYEE

DL

E2191233 C732 STA. 303  
08-08-94 14:09:09  
DUPLICATE \$10.00  
ISSUE DATE 08/08/94 N/R  
PRIOR CL C END  
PRIOR REST  
1 6 9  
ADDRESS CHANGED

CLASS C 02470460  
5 07 H NO  
07 14 54 1796 42203011034

HERNANDEZ, CARLOS  
1817 SHELBY  
CORPUS CHRISTI TX 78404

*Carlos Hernandez*

USUAL SIGNATURE IN RED INK ONLY

M 655

HERNANDEZ, CARLOS

11 10 80

0847 5310

JL-14A  
(Rev. 3/80)

- Com. Operator
- Chauffeur

### APPLICATION FOR TEXAS DRIVERS LICENSE

1. All information on this form except the signature must be typewritten or PRINTED in INK. The signature shall be WRITTEN in INK.
2. Give PERMANENT RESIDENCE ADDRESS. 03966
3. GIVE FULL NAME. If you do not have a middle name print the word "NONE". If you have an initial only, print the word "ONLY" after the initial. Married women should use MARRIED NAME, GIVEN NAME and MAIDEN NAME. MRS. SMITH, MARY JONES.

Print or Type	Last Name <u>Hernandez</u>	First Name <u>Carlos</u>	Middle Name or Maiden Name <u>St. Noor</u>	
RESIDENCE ADDRESS		BIRTHDATE		PLACE OF BIRTH
NUMBER AND STREET	MO.	DAY	YEAR	AGE NOW
<u>217 S. Carrizo</u>	<u>7</u>	<u>14</u>	<u>54</u>	<u>26</u>
CITY	TX	COLOR EYES	SEX	HEIGHT
<u>Corpus Christi, Tx.</u>		<u>Brown</u>	<u>m</u>	<u>5 7</u>
STATE OR COUNTRY	RACE	WEIGHT	NATURAL COLOR HAIR	
<u>Texas</u>	<u>White</u>	<u>155</u>	<u>Black</u>	
TELEPHONE NO.	PLACE OF EMPLOYMENT		BUSINESS TELEPHONE	
<u>883-4127</u>	<u>T-J Delo Co</u>			

THE QUESTIONS BELOW MUST BE ANSWERED by placing an X in the space under the word NO or YES. If an answer is YES, answer added questions. If answer is YES under MEDICAL HISTORY, a supplemental Medical History Form must be completed.

#### DRIVING HISTORY

- NO YES
1.  ( ) Have you completed an approved Driver Education Course?
  2.  ( ) Have you ever had a license or instruction permit in Texas or any other state? Where? \_\_\_\_\_ Expired Yes \_\_\_\_\_ No \_\_\_\_\_  
Number \_\_\_\_\_
  3.  ( ) Is your license or driving privilege now suspended, revoked, cancelled or denied?  
Where? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_
  4.  ( ) Has your license or driving privilege ever been suspended, revoked, cancelled or denied?  
Where? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_

#### MEDICAL HISTORY

1.  ( ) Have you been treated for a mental, nervous or emotional condition within the past 3 years?
2.  ( ) Do you have any physical defects such as ( ) missing limb, ( ) stiff neck, ( ) stiff arms or joints, ( ) other?
3.  ( ) Do you have an impairment of vision or hearing which has not been corrected?
4.  ( ) Have you had an epileptic seizure, convulsions or other seizure within the past 3 years?
5.  ( ) Do you have diabetes requiring treatment with insulin by injection?
6.  ( ) Have you had a problem with the use of drugs or alcohol within the past 3 years?
7.  ( ) Within the past 3 years have you been treated for ( ) dizziness, ( ) heart trouble, ( ) loss of consciousness, ( ) loss of muscular control, ( ) stroke, hemorrhage or clots, ( ) high blood pressure, ( ) blood vessel disorder, ( ) emphysema.
8.  ( ) Within the past 3 years, have you been treated for any other serious medical conditions?

I DO SOLEMNLY SWEAR OR AFFIRM THAT I AM THE PERSON NAMED AND DESCRIBED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

Carlos A. Hernandez  
WRITE LEGAL SIGNATURE

For Parent or Guardian if applicant is under age 18. I do solemnly swear the above named applicant is my ( ) child ( ) stepchild ( ) ward, and that the information given on this application is true and correct. This is my authorization to issue the type license applied for on this application.



Sworn to and subscribed before me this 11 day of NOV 1980

Signature of Parent or Guardian

Driver's License Number

Notary Public or Authorized Officer

City Where Notarized

<b>LEFT THUMB</b>	<b>RIGHT THUMB</b>	<b>FOR DEPARTMENT USE ONLY</b>
		<p><u>DOB</u> <u>B.C.</u></p> <p style="text-align: right;"><u>29</u></p> <p><input type="checkbox"/> CLASSROOM      <input type="checkbox"/> LABORATORY</p>





30386  
30786  
30386

L-3 132 X 64 10-6

03475310 HERNANDEZ CARLOS 107 SAH RAININ 09/01/83 301 071455  
SA 88M BLK 807 158 MR/88 BERT/MORF  
03475310 HERNANDEZ CARLOS 107 SAH RAININ 09/01/83 301 071455  
SA 88M BLK 807 158 MR/88 BERT/MORF

L-3 132 X 64 10-6

01 01 01

08475310 MICROFILM RECS/NAME  
 HERMANDEZ CARLOS 1010 GUFORD APT C  
 NM BRN BLK 507 155 908/07145A SSM/0000000000 APPL/111080 HST/A ED/A MRN/185 UR 030586 D 092091 LAST TEST/ 000000  
 CLASS/C RESI/NAME END/NAME ISS/DNR 301 30/2 RCP/A/1143980 C705 1600 180/NAME EXP/071489  
 AKA NAMES-0083/0 AKA ST-NO/0 AKA SSM/NAME OTR N0/NAME P RESI/NAME  
 CDL TEST: EXMPT/000000 CORE/000000 COMS/000000 AIR/000000 MAZ/000000 TANK/000000 DEL-TRPL/000000 PASS/ 000000  
 MICROFILM RECS/01 ACC55603966.