



Office of Deaf and Hard of Hearing Services (ODHHS)
Application for Driver Identification Visor Card

The deaf or hard of hearing driver identification program is only for Texas residents who hold a valid, state-issued driver's license.

Mail completed application to HHS ODHHS, P.O. Box 12904, Austin, Texas 78711.
Original signatures are required. Allow 20 business days for the application to be processed.
This application is valid until August 31, 2022.

Applicant Information

Applicant name		Number of vehicles that need visor cards	
Visor card type (pick one): <input type="checkbox"/> Driver is deaf (uses sign language). <input type="checkbox"/> Driver has a hearing loss.			
Address Field		City	County of Residence ZIP Code
Date of Birth	Phone	Mode <input type="radio"/> Voice <input type="radio"/> VP <input type="radio"/> Text	Email

Signature is required by applicant if age 18 or older.

_____	_____	_____
Applicant signature	Applicant printed name	Date

Signature is required by parent or legal guardian if applicant is younger than 18.

_____	_____	_____
Parent's or legal guardian's signature	Printed name	Date

I want to be contacted by HHS ODHHS Access or Technology Specialists for additional community resources related to my hearing loss or communication access needs. Yes No

Required Documentation

Required: Attach a copy of the front of your valid Texas driver's license to this application.

- If your license shows restriction "S," your application is complete and ready to mail.
- If your license does not show restriction "S," a licensed physician, licensed audiologist, or licensed advanced practice registered nurse (APRN) must complete and sign the section below to verify that you are deaf or hard of hearing and are likely to have difficulty communicating in traffic stops.

Certification and Signature

I certify that the person named above has a hearing loss severe enough to possibly impede communication in some traffic stop situations.

Audiologist's or physician's or advanced practice registered nurse's signature	Printed name	Date
License number	Phone	Email

For Office Use Only	
<input type="radio"/> First application <input type="radio"/> Duplicate Visor card number: _____	