



Parental Consent Form to Obtain a Learner's Permit

Applicant's Full Name (First, Middle, Last)	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #
DC Address	City	Zip Code	Telephone #
	State		
	Wash. DC		

I hereby certify that the information provided on this document is true and accurate to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____

Relationship to Applicant (Check one)	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian*	If Legal guardian, provide court decree number:
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Name Parent or Legal Guardian (First, Middle, Last)	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone #
DL or Identification Card Number	State of Issuance	Expiration Date	Social Security #
			E-mail address
Address	City	State	Zip code

I hereby certify that the information provide on this document is true and accurate to the best of my knowledge and belief.

Signature of Parent/Legal Guardia: _____ Date: _____

If parent/legal guardian is a Non-DC resident, please complete this section to certify applicant resides with someone else.

Full Name of person applicant is residing with in DC (First, Middle, Last)	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone
DC Address	City	State	Zip
	Washington	DC	
DC Driver's License # or ID Card or SSN	Expiration date	Email address	

I hereby certify that the information provided on this document is true and accurate to the best of my knowledge and belief.

Certifier's Signature: _____ Date: _____

Please Note and Attach: Certifier must sign and date this form and provide a valid DC Driver's License or valid DC Identification card reflecting the applicant's DC address listed above **AND** one of the following proof of residency.

Utility Bill (Water, Gas, Electric or Oil Bill) Telephone Bill (no wireless or pager bills accepted) Cable Bill Original lease or rental agreement issued in the last 12 months with the name of the certifier as a lessee or renter	DC Property Tax Bill Deed or Settlement Statement DC Homestead exemption certificate Valid Homeowners Insurance Policy reflecting names and address
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DMV Examiner Signature: _____ Date: _____

To report waste, fraud and abuse by any DC Government agency or official, call the DC Inspector General at 1-800-521-1639.
For additional information visit our website at www.dmv.dc.gov or call 202-727-5000.