

SPECIAL LEARNER'S PERMIT FORM

Use this form when applying for a learners permit through a secondary or driving school.

(LEGAL NAME)		DRIVER LICENSE NUMBER		[]	
FIRST NAME		MI	LAST NAME		[]
MAILING ADDRESS			CITY	COUNTY	STATE
RESIDENTIAL ADDRESS (if different from above)			CITY	COUNTY	STATE
MO	DATE OF BIRTH DAY	YEAR	AGE	GENDER	EYE COLOR
					WT.
					FEET
					HEIGHT IN
**SOCIAL SECURITY NUMBER					
NAME OF SCHOOL			Instructor ID	School Wall License No.	
AJAY DRIVING SCHOOL			4036	000075	
I certify that this student is enrolled in an approved driver education course at this high school or licensed driving school				Signature of Principal or Person Operating Duly Licensed School	

PARENTAL/GUARDIAN CONSENT	
Your signature confirms your consent to this application and that you have received a copy of the Share the Keys Resource Guide.	Name of Parent or Guardian (please print); Signature of Parent or Guardian

See Second Page X **SUBMISSION OF THE SOCIAL SECURITY NUMBER IS REQUIRED BY N.J.A.C. 13:21-1.3. THE NUMBER WILL BE USED TO PREVENT ERRORS AND ENFORCE FEDERAL AND STATE LAWS, AND IN THE COLLECTION OF MOTOR VEHICLE FEES.

I CERTIFY THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL AND/OR CRIMINAL PENALTY.

Date _____

1. DO YOU HAVE A VALID DRIVER LICENSE IN ANY OTHER STATE, PROVINCE, TERRITORY, OR COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/>	2. IS YOUR DRIVING OR CDL PRIVILEGE NOW SUSPENDED, REVOKED, DISQUALIFIED OR CANCELED IN ANY OTHER STATE, PROVINCE TERRITORY OR COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY OR CONVULSIVE DISORDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

If you answered "YES" to questions 1, 2, or 3, please explain (please print):

THIS APPLICATION IS FOR AGENCY USE ONLY. DO NOT SEND VIA MAIL.

<p>Provide ONE {ORIGINAL ONLY- NO COPIES}</p> <ul style="list-style-type: none"> <input type="radio"/> Any Valid Passport <input type="radio"/> U.S. Birth Certificate <input type="radio"/> Green Card 	<p>Student Name: _____</p>
<p>Provide ONE {Copies Allowed}</p> <ul style="list-style-type: none"> <input type="radio"/> Social Security Card <input type="radio"/> ITIN Letter 	<p>PHONE #: _____</p>
<p>Provide ONE (High School Provides this)</p> <ul style="list-style-type: none"> <input type="radio"/> Written Test Email Printed Out <input type="radio"/> Original Blue Card 	<p>Email: _____</p> <p style="text-align: center;">**Driving School use Only**</p> <p>Date Collected: _____</p>