Elite Driving Academy LLC 172 Broadway Suite 214 Woodcliff Lake, NJ 07677 201-573-0502 elitedrivingacademyni@gmail.co



<u>elitedrivingacademynj@gmail.com</u> DRS #000296

	Permit Application Checklist
	Download Permit Application from the forms page of our website.
	Typing directly on the documents complete the Permit Application .
	Print Permit Application.
	Provide an ORIGINAL birth certificate or passport (copies will not be
	accepted). Documents are returned at the conclusion of the lessons after
	permit validation at MVC.
	Check made payable to NJMVC for the following:
	o \$10 fee for each permit/\$4 fee per set of red GDL decals (each car the
	student will drive requires a set of decals). <i>Please combine permit and</i>
	decal fee on ONE CHECK.
	Print out Written Test Receipt (email from MVC) from the school that indicates
	passing of the written test (Make sure Site, Proctor ID, Applicants Name,
	Applicant ID, Auto Test ID, & Bar code are visible)
	A copy of Social Security card MAY BE REQUIRED if there is an issue at MVC
	when processing the permit
	<u>EDA Contract</u>
	Download EDA Contract from the forms page of our website.
	Typing directly on the document complete STUDENT/PARENT
	INFORMATION section at the top of the contract.
	Print EDA Contract.
	Please READ the Service Agreement and sign at the bottom next to
	"Parent/Guardian Signature"
	If paying by check, make payable to ELITE DRIVING ACADEMY (please write
	student's name on the check) for lesson fee (checks are not cashed until
_	lessons begin). Cash payments are also accepted.
	Return all the documents/checks to:
	172 Broadway Suite 214 (rear building, 2nd floor)
	Woodcliff Lake, NJ 07677
	Building is OPEN Monday-Friday 8am-6pm ONLY

All documents should be in an envelope and placed into our mail slot that goes into the locked office

Instructions for Completing Permit Application *PRINT CLEARLY and use BLUE or BLACK pen *

FRONT OF APPLICATION

Fill in ALL personal information for the student driver in the red indicated sections. Leave all other sections, including Driver License Number BLANK

(LEGAL NAME) D	RIVER LICENSE NUMBER	NAME		spe	II out COLOR*
MAILING ADDRESS	CITY		COUNTY	STATE	ZIP CODE
RESIDENTIAL ADDRESS (if different from above)	CITY		COUNTY	STATE	ZIP CODE
DATE OF BIRTH MO DAY YEAR	GE GENDER EYE COLOR	WT. HEIGHT IN	**SOC	CIAL SECURITY NUMB	BER
ME OF SCHOOL	Instr	ructor ID		School Wall License N	0.
rtify that this student is enrolled in an approved cation course at this high school or licensed dr		Signature of Principal or	Person Operating Duly Lice	nsed School	
		PARENTAL/GUARDIAN CO			
r signature confirms your consent to this ication and that you have received a copy of the re the Keys Resource Guide.	lame of Parent or Guardian (please pr	rint);	Signature of	Parent or Guardian	
**SUBMISSION OF THE SOCIAL SECURITY NUMBER AND IN THE COLLECTION OF MOTOR VEHICLE FEES		E NUMBER WILL BE USED TO PREVE	NT ERRORS AND EN ORCE FE	EDERAL AND STATE LAW	/S,
ge X CERTIFY THE STATEMEN					

Parent Signature *Student Signature and Date*

BACK OF APPLICATION

Check the box for the appropriate answer to each question. If you answered "YES" to any of these questions, please explain on the lines provided

1. DO YOU HAVE A VALID DRIVER LICENSE IN ANY OTHER STATE, PROVINCE, TERRITORY, OR COUNTRY? 3. DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY OR CONVULSIVE 3. DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY OR CONVULSIVE	2. IS YOUR DRIVING OR CDL PRIVILEGE NOW SUSPENDED, REVOKED, DISQUALIFIED OR CANCELED IN ANY OTHER STATE, PROVINCE TERRITORY OR COUNTRY?	YES NO
If you answered "YES" to questions 1, 2, or 3, please explain (please	e print):	