

Instructions for Completing Permit Application

PRINT CLEARLY

**Fill in all personal information for the student driver.
Make sure to fill in ALL boxes.**

BA-412D (R09/10)

MOTOR VEHICLE COMMISSION
STUDENT LEARNER'S PERMIT APPLICATION
Please Print All Information Clearly
DRIVER LICENSE NUMBER

(LEGAL NAME)

FIRST NAME MI LAST NAME

MAILING ADDRESS CITY COUNTY STATE ZIP CODE

STREET ADDRESS (if different from above) CITY COUNTY STATE ZIP CODE

MO DATE OF BIRTH DAY YEAR AGE SEX EYE COLOR WT. HEIGHT FEET IN SOCIAL SECURITY NUMBER

NAME OF SCHOOL Instructor ID School Wall License No.

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 CONSENT

I certify that the applicant has completed this form accurately and that I have received the Graduated Driver License Handbook.

Driver License Number of Parent or Guardian State of Issue Signature of Parent or Legal Guardian

See Other Side

☒ SIGN HERE - I, the applicant, certify the statements on both sides of this application are correct.

Date

1. Parent Drivers License #
2. State that parent's license was issued
3. Parent signature

1. Student Signature
2. Date

1. Is your driving privilege now revoked or suspended in any state?

☐ Yes ☐ No

2. Do you have any mental or physical disability?

☐ Yes ☐ No

3. Do you suffer from epilepsy, blackouts or convulsive disorders of any type?

☐ Yes ☐ No

4. Are you in this country legally?

☐ Yes ☐ No

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

1. Check the box for the appropriate answer for questions #1-4.
2. If you answered "YES" to questions 1, 2, or 3 explain on the lines provided.