

SPECIAL LEARNER'S PERMIT FORM

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

w Jersey Motor Vehi	cle Commission													
(LEGA	AL NAME)		DRIVE	R LICENS	E NUMBE	R								
FIRST NAME				MI	L	AST NAME								
MAILING ADDR	RESS				CITY	,			(COUNTY			STATE	ZIP CODE
RESIDENTIAL ADDRESS (If different from above)					CITY	r				COUNTY		STATE	STATE	ZIP CODE
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3. DO YOU HAD DISORDER?	AVE A MENTAL OF	R PHYSICAL DIS	ABILITY OF	R CONVULS	IVE	YES NO	1							
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THIS APPLICATION IS FOR AGENCY USE ONLY. DO NOT SEND VIA MAIL.