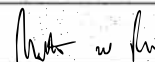


SPECIAL LEARNER'S PERMIT FORM

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	ZIP CODE	
RESIDENTIAL ADDRESS (if different from above)				CITY	COUNTY		STATE	ZIP CODE	
MO	DATE OF BIRTH DAY	YEAR	AGE	GENDER	EYE COLOR	WT.	HEIGHT FEET	IN	**SOCIAL SECURITY NUMBER
NAME OF SCHOOL				Instructor ID		School Wall License No.			
Elite Driving Academy				004297		000296			
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 Duty 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		

**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.

See
Second
Page

X

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

BA-412D (R9/20)

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.