

Applicant Full Name (First Middle Last Suffix)



Social Security #

Parental/Legal Guardianship Consent Form (under age 18)

This form is required to obtain any DC DMV Credential for all individuals under the age of 18

Date of Birth

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			☐ Male☐ Female☐ Neutral		
DC Address	Ci	ty, State	Zip Code	Telephone #	
	Wash	ington, DO			
Polationship to Applicant (Chack one)	Parent Legal Guardian*		*If Legal guardian, provide court decree number:		
Full Name of Parent or Legal Guardian (First, Middle, Last, Suffix)	Date of	of Birth	Sex	Telephone #	
			☐ Male☐ Female☐ Neutral☐ □ Male☐ □ Neutral☐		
Address		City,	State	Zip Code	
		Washington, DC			
DC Driver License or Identification Card Number	Expiration	n Date	Email Address		
Parental/Legal Guardianship Verification One of the following documents is required depending on your relationship to the applicant					
Parent			Legal Guardian		
Full birth certificate of applicant or adoption court order reflecting parent's name			Guardianship decree		
Any person using a fictitious name or address and knowingly making any false statement on this application is in violation of DC Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code §22-2405)					
I hereby certify that the information provided on this document is true and accurate to the best of my knowledge and belief.					
Signature of Parent/Legal Guardian:			Date:		
For DMV Official Use Only					
OMV Examiner's Signature:Date:					