

Office of the Secretary of State DRIVER SERVICES DEPARTMENT

AFFIDAVIT / CONSENT FOR MINOR TO DRIVE

I,, Name	Driver's License/ID Numb	oer	
Telephone Number			
State and affirm that I am legally responsible for the below m	entioned minor:		
////	, Driver's Lice	nse/IP Number	
and that my relationship to the above-mentioned minor is:			
Parent/Legal Guard	lian, Other Responsible Adult		·
If other responsible adult, explain relationship:			
Under penalties as provided by law pursuant to Section 1-109 of tified that the statements set forth in this instrument are true and belief, and as to such matters the undersigned certified as Signature:	e and correct, except as to s aforesaid that he/she v	o matters therein stated to erily believes the same to	be on information be true.
City:	State	ZIP Code	
Subscribed and sworn to before me this	day of		, 20
Notary Public			
My commission expires	-	PLACE NOTARY SEAL HERE	