

SPECIAL LEARNER'S PERMIT FORM

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

(LEGAL NAME)			DRIVE	R LICENS	E NUN	/IBER											
	FIRST NAME	E .			MI		LA	ST NAME									
	MAILING AD	DRESS					CITY					COUNTY			STATE	ZIP COD	E
	RESIDENTIAL ADDRESS (if different from above)						CITY				COUNTY			STATE	ZIP COD	E	
	мо	DATE OF BIRTH	YEAR	AGE	GENDER	EYE CO	OLOR	WT.	HE FEET				**S0	CIAL SEC	L CURITY NUMB	ER	
NAME	OF SCHOOL	- I -	II		1	1		Instructor IE)	1	1			School V	Vall License No	0.	
		tudent is enroll at this high sch							Signatur	e of Princip	al or Pe	erson Operating	Duly Lic	ensed Sc	hool		
								PARE	NTAL/G	UARDIAN	I CON	SENT					
Your signature confirms your consent to this application and that you have received a copy of the Share the Keys Resource Guide.						(please print);					Si	Signature of Parent or Guardian					
See		SION OF THE SOCIA			QUIRED BY N.	J.A.C. 13	3:21-1.3	8. THE NUMBI	ER WILL BE	USED TO P	REVENT	ERRORS AND EN	NFORCE F	EDERAL A	AND STATE LAW	S,	
Seco		Χ															
Page	e		Y THE STATEME		DE BY ME		IS FOI		UE. I AM	AWARE T		ANY OF THE S	TATEME	NTS			Date
BA-412	D (R9/20)	ARE WIL	LI ULLI FALSE,		DJLCT TO P		JIRA	IIVE, CIVIL	AND/OR	GIANVIINAL		LII.					Duto

1. DO YOU HAVE A VALID DRIVER LICENSE IN ANY OTHER STATE, PROVINCE, TERRITORY, OR COUNTRY? YES NO	2. IS YOUR DRIVING OR CDL PRIVILEGE NOW SUSPENDED, REVOKED, DISQUALIFIED OR CANCELED IN ANY OTHER STATE, PROVINCE TERRITORY OR COUNTRY?
3. DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY OR CONVULSIVE YES NO	

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

