

# 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<br>DAY | YEAR | AGE | GENDER | EYE COLOR | WT. | FEET   | HEIGHT<br>IN | **SOCIAL SECURITY NUMBER |          |

|   |               |   |
|---|---------------|---|
| NAME OF SCHOOL  | Instructor ID | School Wall License No.   |
| 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 Duly 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

BA-412D (R9/20)

**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

|  |   |
|--|---|
| 1. DO YOU HAVE A VALID DRIVER LICENSE IN ANY OTHER STATE, PROVINCE, TERRITORY, OR COUNTRY?<br><br>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?<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY OR CONVULSIVE DISORDER?<br><br>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.