

Please use blue or black ink. DMV will not process if there are cross outs. Please print a new form if you make a mistake.



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

Student Info →

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/Wait License No.
Home Run	LEAVE BLANK	LEAVE BLANK
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
		LEAVE BLANK

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:
	Parent Print Name	Parent Sign

**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

Student Signature

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)

Eye color codes:

- BR = brown
- BLU = blue
- BLK = black
- GRN = green
- GRY = grey
- HZL = hazel

*IF filling out before student turns 16, date as of their birthday