STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

# *PARENT CONSENT FOR A DRIVER APPLICATION OF A MINOR*

**I/We do hereby consent that_____, a minor,**
**Last First Middle**
**date of birth _____ has driven a minimum of 50 hours during the past twelve months, of which 10 hours of driving were at night.**

**_____ _____**
**Parent or Guardian Signature Parent or Guardian Name (Printed)**

| | | |
|---|---|---|
| **State of Florida:** | **State of Florida:** | |
| **County of _____** | **County of _____** | **_____** |
| **Sworn and subscribed by me this** | **Sworn and subscribed by me this** | **Parent or Guardian I.D.** |
| **____day of_____,20____** | **____day of_____,20____** | **_____** |
| **AFFIX NOTARY PUBLIC OR** | **AFFIX NOTARY PUBLIC OR** | **I.D.#** |
| **SEALS D.L. EXAMINER** | **SEALS D.L. EXAMINER** | |

Drug and Alcohol Education Course Completed on _____ (Examiner completes)
INSTRUCTIONS:

1. **One parent or guardian must sign this form.**
2. **All signatures must be notarized, or witnessed by an examiner.**
3. **This form, social security card if you have been issued one, and birth certificate must be presented to driver licenses office by all customers under 18, unless married.**