



# Parental Authorization Affidavit

Driver license/ID card number
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This affidavit must be signed by the applicant's parent or legal guardian. In the event the applicant, who is still a minor, has neither parent nor guardian, an employer's signature will be accepted. An employer may not sign if parent or guardian has custody of the applicant. The signature below grants us permission to consider this application. Once granted, parent/guardian/employer permission cannot be withdrawn.

I certify that I am the  custodial parent  legal guardian  employer of:

\_\_\_\_\_  
Last name of applicant

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Suffix

whose date of birth is \_\_\_\_\_ and who is applying for:

Month, Day, Year

- Instruction permit
- Driver license
- Motorcycle instruction permit
- Motorcycle endorsement

I certify that the above named individual has had at least fifty hours of driving experience, ten of which were at night. A licensed driver with at least five years experience supervised this driving. To the best of my knowledge, this applicant has not been issued any traffic infractions or cited for any traffic violations that are pending at the time of this application.

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct. I attest that this, my e-signature, is intended to certify and acknowledge my agreement to the terms of this and any additional driver license applications I am submitting as part of this transaction and that my e-signature will be applied to all such applications.*

**X**

\_\_\_\_\_  
Licensing services representative

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver license/ID card number

\_\_\_\_\_  
State

*Under the provisions of RCW 46.20.0921 of the Washington State Motor Vehicle Laws, it is a misdemeanor for any person to use a false or fictitious name in any application or to knowingly conceal a material fact or otherwise commit a fraud in any such application. A violation of this provision of the laws may result in suspension of the driving privilege of those involved.*

## Notarization

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
Name of person

(Seal or stamp)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed or stamped name

Title \_\_\_\_\_ and \_\_\_\_\_  
Notary expiration date