Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

# Agricultural Permit Signature Form for Minors

Custodial parents/legal guardians use this form to certify a minor can safely operate a motor vehicle for agricultural work.

| Name of applicant (*Last, First, Middle)* | | |
|---|---|---|
| Residence Address | | |
| City | State | ZIP code |

I certify that I am the ☐ custodial parent ☐ legal guardian of the applicant named above and that this person is qualified to safely operate a motor vehicle in agricultural work. I further certify that I shall use every effort to see that this permit is used solely for the purpose for which it is issued.

_____
**PRINT** or **TYPE** Name of parent/guardian

_____
Driver license or ID card number State

**X** **When you have completed this form, print it out and sign here.**
_____
Signature of parent/guardian Date

## Notarization/Certification

State of Washington, County of _____

Signed or attested before me on _____ by _____

(Seal or stamp)

**X** _____
Signature of notary public or licensing services representative

_____
Printed or stamped name of notary public or licensing service representative

_____ and _____
Title Driver licensing office number or notary expiration date

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. RCW 46.20.336