WASHINGTON STATE DEPARTMENT OF LICENSING

Parental Authorization Affidavit

Driver license/ID card number

This affidavit may be used if the applicant's authorized signer cannot be present when the minor is issued their first-time intermediate driver license. The signature below grants permission to process the application, and this permission cannot be withdrawn. An authorized signer can be a parent, guardian, employer, or a responsible adult over 21 with a qualifying relationship to the minor.

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

Last name of applicant

First name

Middle name Suffix

whose date of birth is _____ (Month, Day, Year) and who is applying for:

☐ Instruction permit
☐ Driver license
☐ Motorcycle instruction permit
☐ Motorcycle endorsement

☐ I certify the above-named individual has at least 50 hours of driving experience, 10 of which were at night. A licensed driver with at least 3 years experience supervised this driving. To the best of my knowledge, this applicant has not been issued any traffic infractions or cited for any pending traffic violations 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 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 signature will be applied to all such applications.

X When completed, print form and sign here.

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)