

MOTOR VEHICLE COMMISSION STUDENT LEARNER'S PERMIT APPLICATION

Please Print All Information Clearly
DRIVER LICENSE NUMBER

(LEGAL NAME)

FIRST NAME										MI	LAST NAME													
MAILING ADDRESS										CITY					COUNTY					STATE		ZIP CODE		
STREET ADDRESS (if different from above)										CITY					COUNTY					STATE		ZIP CODE		
MO	DATE OF BIRTH DAY		YEAR	AGE	SEX	EYE COLOR	WT.	HEIGHT FEET		IN	SOCIAL SECURITY NUMBER													

Name of School										Instructor ID										School Wall License No.									
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																			

PARENTAL CONSENT

I certify that the applicant has completed this form accurately and that I have received the Graduated Driver License Handbook.										Driver License Number of Parent or Guardian										State of Issue					Signature of Parent or Legal Guardian				
---	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	----------------	--	--	--	--	---------------------------------------	--	--	--	--

*Submission of the Social Security Number is required by N.J.A.C. 1321 - 1.3. The number will be used to prevent errors, enforce federal and state laws and assist in the collection of Motor Vehicle fees.

See
Other
Side

X

SIGN HERE - I, the applicant, certify the statements on both sides of this application are correct.

_____. Date

- STUDENT
- TRANSFER

NEW JERSEY MOTOR VEHICLE COMMISSION - DRIVER EXAMINATION PERMIT APPLICATION

CHECK APPROPRIATE BOX BELOW (ONE BOX ONLY)

- INITIAL
- RENEWAL
- DUPLICATE
- CHANGE
- ADD
- CDL CHANGE

- | | |
|----------------|--------------------------|
| ADDRESS CHANGE | <input type="checkbox"/> |
| MAILING | <input type="checkbox"/> |
| STREET | <input type="checkbox"/> |

PLEASE PRINT ALL INFORMATION CLEARLY ON BOTH SIDES

CLASS (Check one box only)

- A COMMERCIAL
- B COMMERCIAL
- C COMMERCIAL
- D AUTO
- E MOTORCYCLE
- F MOPED
- G AGRICULTURAL

CHECK APPROPRIATE BOXES

ENDORSEMENTS

- F MOPED
- H HAZ MAT**
- L LIMOUSINE
- M MOTORCYCLE
- N TANK
- P PASSENGER
- S SCHOOL BUS
- T DOUBLE/TRIPLE

(LEGAL NAME)										DRIVER LICENSE NUMBER									
FIRST NAME					MI					LAST NAME					SOCIAL SECURITY NUMBER				
MO	DATE OF BIRTH		AGE	SEX	EYE COLOR	WT	HEIGHT		SOCIAL SECURITY NUMBER										
		DAY	YEAR				FEET	IN											
MAILING ADDRESS										STREET ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)									
CITY			STATE	ZIP	COUNTY					CITY			STATE	ZIP	COUNTY				

- | | | | | | | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|-------------------------------------|------------------------------|-----------------------------|
| 1. Do you have a valid driver license in another state/province/country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 2. Is your driving or any CDL privileges suspended/revoked/disqualified in any state/province/country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 3. Do you suffer from any mental, physical or convulsive disorder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 4. Are you in this country legally? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|-------------------------------------|------------------------------|-----------------------------|

If you answered "yes" to questions 1, 2, 3, explain on other side.

OUT-OF-STATE LICENSE TRANSFER INFORMATION ONLY

STATE	DRIVER LICENSE NUMBER	NAME ON LICENSE (If different than above.)
-------	-----------------------	--

See Other Side
BA-412C (R10/04)

X _____ Date _____
(Sign Here) I, the applicant, certify that the statements on both side of this application are correct.