



PARENT OR GUARDIAN CONSENT FORM

(PRINT NAME OF APPLICANT)

I hereby certify that I am the minor applicant's Parent Guardian Person in Loco Parentis or Spouse, and that I am at least 18 years of age.

I also certify that:

- ◆ This application is made with my full consent.
- ◆ I understand if I want to withdraw my consent at any time before this minor applicant reaches the age of 18, PennDOT will cancel his or her driver's license.
- ◆ I understand that I will be required to ensure that this applicant will have to complete at least 50 hours of supervised practical driving experience before he or she will be permitted to take the drivers test. The supervising adult must be at least 21 years of age or older.
- ◆ I understand that PennDOT recommends that the supervising adult refer to PennDOT's Parent or Guardian-Teen Driver Guide when teaching the minor applicant how to drive.

I DO DO NOT give consent for applicant's request for Organ Donor designation.

X

(SIGNATURE OF PARENT, GUARDIAN, PERSON IN LOCO PARENTIS OR SPOUSE AT LEAST 18 YEARS OF AGE)

X

(PRINT NAME AS IT APPEARS IN SIGNATURE)

| | | | |
|--|---|-----|------|
| SUBSCRIBED AND SWORN | | | |
| TO BEFORE ME: | MO. | DAY | YEAR |
| Signature of Person Administering Oath | | | |
| S E A L | SIGN IN PRESENCE OF NOTARY OR DRIVER LICENSE EXAMINER | | |

DL-180PG (12-99)

PARENT OR GUARDIAN NOTIFICATION

I authorize PennDOT to release my driver's record
to my parent or guardian.

SIGNATURE

PRINT NAME AS IT APPEARS IN SIGNATURE

