



IMPORTANT: DO NOT SIGN THIS FORM UNTIL YOU ARE WITH A MOTOR VEHICLES REPRESENTATIVE

I, _____, certify as the parent/legal guardian of _____,
Print Parent/Guardian Name Applicant Name

that I observed my child or ward complete the New York State Department of Motor Vehicles knowledge test for a Class D or Class M Learner's Permit and that from my own observation, the applicant answered all items on the knowledge test without the assistance of any person(s) and without reference to materials of any kind. I understand that making a false statement, or submitting any false documentation in support of an application, may be punishable as a criminal offense.

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X _____
Parent/Guardian Signature

Print Parent/Guardian Name

Parent/Guardian Mailing Address _____

X _____
Applicant Signature

Print Applicant Name