



ONLINE LEARNER PERMIT TESTING CERTIFICATION INSTRUCTIONS

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

Full Name	Date of Birth	
Street Address		
City	State	Zip Code

I _____, do hereby affirm that I completed the New York State Department of Motor Vehicles knowledge test for a Class D or Class M Learner Permit without the assistance of any person(s) and without reference to materials of any kind. I understand making a false statement, or submitting any false documentation in support of an application, may be punishable as a criminal offense.

By signing this document, I hereby represent that all above information is true and accurate.

X _____
Applicant Signature

Date

Print Applicant Name