



This document is used for identity and/or residence only and cannot be used for proof of date of birth. Proof of date of birth and Social Security requirements must be met.

This statement may only be used by an applicant who is mentally or physically challenged OR who has been placed in the custody of the local commissioner of social services, such as placement in foster care, AND is represented by a government or government facility or foster parent or guardian AND who cannot provide sufficient proof of:

- Identity from the proofs listed on form ID-44 (How to Apply for a New York: Learner Permit, Driver License, Non-Driver ID Card); and/or
Residence from the proofs listed on form ID-44 (How to Apply for a New York: Learner Permit, Driver License, Non-Driver ID Card). Please note: Proof of residence is required with all driver permits and licenses. If applying for a REAL ID document or an enhanced document, an additional proof of residency is required.

The applicant, foster parent/guardian, or the approved facility representative may use the following method for PROOF OF NAME AND/OR RESIDENCE:

- The approved representative must accompany the applicant when the applicant applies for a permit/ID card and must sign this form in the presence of a Motor Vehicle Representative.
The applicant's representative must be:
- A government or government-approved facility representative, and must provide the representative's original facility ID card/document along with a letter on the facility's letterhead, signed by the representative's supervisor. This letter must verify the applicant's name, date of birth, address, height, eye color, the name of the facility and the name of the representative. If the letter is submitted from a government-approved facility, the letter must indicate the name of the New York State facility and the facility's certificate number.
- A foster parent or guardian and must provide a NYS driver license or Non-Driver ID.

CERTIFICATION

I, _____, certify as the Foster Parent/Guardian/
(Full Name of Foster Parent/Guardian or Government Representative)
Government Representative of _____, who resides at
(Full Name of Applicant)
(Applicant's Address)

that this is the applicant's full name and that the applicant resides at the address above. To the best of my knowledge, the applicant has not obtained or applied for a learner permit, non-driver identification card or driver license in any other name. I understand that making a false statement, or submitting any documentation in support that is false, may be punishable as a criminal offense. This certification must be accompanied by an original letter from the government facility that has approved the applicant's representative (see above).

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

APPLICANT'S REPRESENTATIVE Sign Here X _____
Print Your Name: _____
Foster Parent/Guardian NYS Driver License or Non-Driver ID: _____
Facility or Agency Employee Identification Number : _____
Print Your Facility's Name: _____ Facility's Phone No.: _____
Facility's Mailing Address: _____

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

APPLICANT Sign Here X _____

OFFICE USE ONLY

Proofs of Identity Presented by Representative: EITHER [] Foster Parent/Guardian NYS Photo Driver License or Non-Driver ID OR
BOTH [] Government or Government-Approved Facility Letter AND [] Government or Government-Approved Facility ID Card/document
Signature of Person Accepting Proof X _____
Title of Person Accepting Proof: _____
Office: _____ Date _____

