



For Applicants who can be considered a disenfranchised, homeless youth

This document is used for Identity Only and cannot be used for Proof of Date of Birth. Proof of Date of Birth and Social Security requirements must be met. This document cannot be used as proof to obtain a Commercial Driver License (CDL), or a REAL ID, or an Enhanced document.

This statement may only be used by an applicant who can be considered a disenfranchised, homeless youth, is represented by a Government or Government-Approved facility, AND who cannot provide sufficient proof of identity from the proofs listed on form ID-44 (Proofs of Identity).

The applicant and his or her approved facility representative may use the following method to provide acceptable PROOF OF NAME/ IDENTITY:

- The applicant must meet the Social Security and Proof of Date of Birth requirements.
The approved representative must accompany the applicant when he or she 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 a letter on the facility's letterhead, signed by the facility's director which verifies the applicant's name, date of birth, height, eye color, address, the name of the facility and the name of the representative.
The representative must also present his/her original NYS issued Photo Document or provide documents which meet the identification requirements as listed on form ID-44, along with the above documents at the time of application.

CERTIFICATION

I, (Full Name of Representative), certify as the Representative of (Full Name of Applicant),

that (s)he is currently without a permanent place of residence, that this is the applicant's full name and that (s)he receives mail at the Facility's Mailing Address listed below. To the best of my knowledge, (s)he 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:

Identification No. from your Driver License, Permit or Non-Driver ID Card:

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 Identify Presented by Representative:

NYS Photo Driver License/Permit/Non-Driver ID Social Security Requirements Original Facility Letter

Proof of DOB: Proof of ID:

Signature of Person Accepting Proof X

Title of Person Accepting Proof:

Office: Date

