



As the parent/legal guardian of:

Young Driver's Name _____

License ID Number _____

Birth Date ____ / ____ / ____



I request enrollment in the Teen Electronic Event Notification Service. I understand that notification extends only to convictions, suspensions, revocations and reportable accidents that appear on the young driver's license record. I also understand that notifications end after the young driver reaches 18 years of age.

Parent/guardian Name _____

Parent/guardian License ID Number _____

Relationship to the young driver, named above _____

Parent/guardian Signature **X** _____

Date ____ / ____ / ____

- Notifications will be mailed to the mailing address on the parent/guardian's license record.
- This form must be completed and submitted for each parent/guardian who wishes to be notified.

Please mail the completed form to:

Office of Driver Training Programs
NYS Department of Motor Vehicles
6 Empire State Plaza, Room 221
Albany, NY 12228

