

TRANSMITTAL FORM

Applicant—Complete Only Sections That Apply

NAME (FIRST, MIDDLE, LAST)		DL or ID NUMBER				SOCIAL SECURITY NUMBER			
ADDRESS	CITY		STATE	ZIP CODE	DAYTIME AND EV	ENING TELEPHONE NUMBER	?		
					()	()			
Emancipated Minor (Driver License)	I am an unmarried minor. I am declaring myself emancipated because:								
	I am also submitting Proof of Financial Responsibility (SR 1P) in lieu of a guarantor's signature. My parents are: deceased. nonresidents of California. living (one or both) and are California residents. Other								
	NAME OF PARENT (FIRST, MIDDLE, L	LAST)	ADDRESS		CITY	STATE	ZIP		
	NAME OF PARENT (FIRST, MIDDLE, L	LAST)	ADDRESS		CITY	STATE	ZIP		
	I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.								
	DATE	NAME OF PAREN	T (FIRST, MI	DDLE, LAST)		SIGNATURE X			
Emancipated Minor (ID Card)	Please issue an identification card to me marked with the word "EMANCIPATED" because: I have entered into a valid marriage. (Civil Code Section 62) I am on active duty in the Armed Forces. (Civil Code Section 62) of a Declaration of Emancipation. (Family Code Sections 7120—7123) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.								
	DATE	NAME OF PAREN	T (FIRST, MI	DDLE, LAST)		SIGNATURE			
Consent for Issuance	I am theof								
(Parents Not Accepting Civil Liability)	and, as such, a person required to sign and verify a minor's application for a driver license. I conset the issuance of a driver license to this minor provided the minor's application is accompanied by profinancial responsibility as defined by the California Vehicle Code (CVC). I do not consent to acceptivil liability specified in CVC §17707 and §17708. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing true and correct.								
	DATE	NAME OF PAREN	T (FIRST, MI	DDLE, LAST)		SIGNATURE X			
Acceptance of Liability For Minor (Dependent or ward of the court)	This minor resides with me and my relationship to this minor is I am age 18 or over and a resident of California, This minor is a dependent or ward of the court, I consent to the issuance of an original or duplicate driver license to this minor, I assume the liability specified in California Vehicle Code §17707 through §17710. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.								
	DATE	NAME OF PAREN	T (FIRST, MI	DDLE, LAST)		SIGNATURE X			

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Long Standing Stable Vision Condition Statement Utility Form	I have a long standing vision condition in my right eye only left eye only since because of a: vision disorder: trauma or accident: DMV has this information along with documentation from my eye doctor. Yes No If no, attach the Report of Vision Examination (DL 62). Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. DATE SIGNATURE X Use this section to transmit information.						
Limited Term Recommendation Medical Exam Report Review	Examiner is recommending						
DMV Employee Signature	(Send to DSAU)	Mail Station J234) EMPLOYEE'S PRINTED NAME/S		cal report is attac	ched OFFICE NAME/ID NO.		