

APPLICATION FOR STUDENT LICENSE ISSUED BY AUTHORIZED DRIVING SCHOOLS

ALL APPLICANTS PLEASE NOTE:

- You must be 15 years of age or older.
- You must provide evidence of your true name and date of birth.
- The cost of the student license is \$2.00 collected by the issuing driving school.
- The student license will be held by the driving instructor.
- You will be required to take a vision test and a written test as part of the application process.
- All tests must be administered by the issuing driving school.
- **THE STUDENT LICENSE IS NOT TRANSFERABLE FROM ONE DRIVING SCHOOL TO ANOTHER.**

FOR DRIVING SCHOOL USE ONLY

OL NUMBER _____

VISION TEST

☐ Pass ☐ Fail

CHECK ONE BOX

☐ Without Lenses
☐ With Lenses
☐ Without Contacts

TEST ADMINISTERED

☐ Knowledge
☐ Hearing ☐ Pass ☐ Fail

SECTION 1 — ALL STUDENT LICENSE APPLICANTS MUST COMPLETE THIS ENTIRE SECTION.

FULL NAME (FIRST)	(MIDDLE)	(LAST)	DAYTIME TELEPHONE NUMBER ()
MAILING ADDRESS			APARTMENT NUMBER
CITY	STATE	ZIP CODE	
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)			APARTMENT NUMBER
CITY	STATE	ZIP CODE	

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	BIRTHDATE (MONTH/DAY/YEAR)	DOCUMENT USED FOR BIRTH VERIFICATION
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SECTION 2 — ALL STUDENT LICENSE APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS.

A. Are you wearing contact lenses?..... ☐ Yes ☐ No

THE ANSWERS TO ITEMS B AND C BELOW ARE FOR THE CONFIDENTIAL USE OF THE DEPARTMENT OF MOTOR VEHICLES AND THE DRIVING SCHOOL.

B. Within the last three (3) years, have you experienced a lapse of consciousness or had any disease, disorder, or disability which affects your ability to exercise reasonable and ordinary control in operating a motor vehicle?..... ☐ Yes ☐ No

C. Are you addicted to narcotics and/or alcohol or a habitual user of any drug rendering you incapable of driving safely? ☐ Yes ☐ No

D. Have you had your driving privilege or a driver license suspended or revoked within the past seven (7) years? ☐ Yes ☐ No

SECTION 3 — ALL APPLICANTS MUST COMPLETE.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify that all information contained in this application is true to the best of my knowledge and I understand that any false statement made on this application may result in cancellation of any student license issued.

DATE	APPLICANT'S SIGNATURE X
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SECTION 4 — COMPLETED BY DRIVING SCHOOL REPRESENTATIVE.

A. If the student license is cancelled by the driving school, provide the reason and forward the application together with the student license to the Department of Motor Vehicles: _____

REASON FOR CANCELLATION

B. The authorized driving school employee who cancelled the student license or referred the student to the Department of Motor Vehicles:

AUTHORIZED DRIVING SCHOOL EMPLOYEE	DATE OF CANCELLATION
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For any referral from Section 2 or cancellation from Section 4, mail to:

Department of Motor Vehicles, Driver Safety Review Unit
P. O. Box 942890, Sacramento, CA 94290-0001