



AFFIX DOCUMENT NUMBER LABEL

Consent for a Minor

As the: (check **ONE** only)

Parent Step-parent Legal Guardian Social Worker

I give my consent to

_____ who was born on _____ ,
Date (name of month, day, year)

to obtain the following: *[initial the choice(s)]*

_____ Operator's Licence

_____ Vehicle Registration

_____ Identification Card

Name of Person Giving Consent (PRINT)

Date

Signature of Person Giving Consent

Identity Shown to Verify Person Giving Consent

For Registry
Agent's
Use Only

NOTE:

This validated form must be returned if another knowledge test is required and the parent/legal guardian is unable to attend at that time.