

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 EVENING 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, LAST)	ADDRESS	CITY	STATE	ZIP
NAME OF PARENT (FIRST, MIDDLE, 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 PARENT (FIRST, MIDDLE, LAST)	SIGNATURE X
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**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 PARENT (FIRST, MIDDLE, LAST)	SIGNATURE X
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**Consent for
Issuance**

**(Parents Not
Accepting
Civil Liability)**

I am the _____ of _____

RELATIONSHIP

NAME OF MINOR

and, as such, a person required to sign and verify a minor's application for a driver license. I consent to the issuance of a driver license to this minor provided the minor's application is accompanied by proof of financial responsibility as defined by the California Vehicle Code (CVC). I do not consent to accept the civil 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 is true and correct.

DATE	NAME OF PARENT (FIRST, MIDDLE, LAST)	SIGNATURE X
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**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 PARENT (FIRST, MIDDLE, LAST)	SIGNATURE X
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Applicant—Complete Only Sections That Apply

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ADDRESS	CITY	STATE	ZIP CODE	DAYTIME AND EVENING TELEPHONE NUMBER () ()	

Long Standing Stable Vision Condition Statement	<p>I have a long standing vision condition in my <input type="checkbox"/> right eye only <input type="checkbox"/> left eye only since _____ because of a:</p> <p><input type="checkbox"/> vision disorder: _____</p> <p><input type="checkbox"/> trauma or accident: _____</p> <p>DMV has this information along with documentation from my eye doctor. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, attach the Report of Vision Examination (DL 62).</p> <p><i>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p>			
	<table border="1"><tr><td>DATE</td><td>SIGNATURE</td></tr><tr><td></td><td>X</td></tr></table>	DATE	SIGNATURE	
DATE	SIGNATURE			
	X			

Utility Form	<p>Use this section to transmit information.</p> <p><i>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p>			
	<table border="1"><tr><td>DATE</td><td>SIGNATURE</td></tr><tr><td></td><td>X</td></tr></table>	DATE	SIGNATURE	
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	X			

Limited Term Recommendation	<p>Examiner is recommending <input type="checkbox"/> Issuance <input type="checkbox"/> Extension <input type="checkbox"/> Ending a limited term (L/T) license.</p> <p><input type="checkbox"/> L/T Years Recommendation _____ <input type="checkbox"/> With Corrective Lenses (Code 01)</p> <p>(Key 10 in Attach Field on TEST RESULTS screen)</p> <p>Clearly state the reason for issuing, extending, or ending the limited term DL:</p>

Medical Exam Report Review Recommendation	<p><input type="checkbox"/> Applicant is disqualified <input type="checkbox"/> The medical report needs further evaluation because:</p> <p>(Send to DSAU) Mail Station J234 <input type="checkbox"/> A copy of medical report is attached</p>

DMV Employee Signature	DATE	EMPLOYEE'S PRINTED NAME/SIGNATURE/ID NO.	OFFICE NAME/ID NO.