

APPLICATION FOR JUNIOR PERMIT **(CALIFORNIA VEHICLE CODE (CVC) §§12513, 12514)**

COMPLETED APPLICATION MUST BE SUBMITTED IN PERSON TO THE LOCAL OFFICE OF THE DEPARTMENT OF MOTOR VEHICLES. Attach separate sheet if more space is needed. Incomplete information may delay decision. Applicant must have already applied for CA Identification card prior to submitting this application. **Driver License or Identification Card Application (DL 44) must be submitted with this form.**

Permit can only be approved if certain **HARDSHIP** conditions are shown to exist. **ALL** other transportation must be inadequate. Applicant must be at least 14, but under 18 years of age.

SECTION 1 — APPLICANT INFORMATION

FULL NAME	DATE OF BIRTH	HOME TELEPHONE NUMBER ()	DAY TELEPHONE NUMBER (IF DIFFERENT) ()
STREET ADDRESS	CITY	STATE	ZIP CODE

IF PRIOR JUNIOR PERMIT APPLICATION MADE FOR APPLICANT OR OTHER FAMILY MEMBER, GIVE NAME AND YEAR	CURRENT CA ID NUMBER
--	----------------------

SECTION 2 — REASON(S) JUNIOR PERMIT REQUIRED

CHECK ALL THAT APPLY

I. ☐ Family Illness II. ☐ School III. ☐ To and From Work IV. ☐ Family Enterprise

SECTION 3 — INADEQUATE TRANSPORTATION STATEMENT

DESCRIBE APPLICANT'S ESSENTIAL DRIVING NEEDS

DISTANCE FROM APPLICANT'S RESIDENCE TO NEAREST PUBLIC TRANSPORTATION	LOCATION BY STREETS OF NEAREST BUS OR TRAIN STOP
--	--

DESCRIBE BEST BUS OR TRAIN ROUTE, GIVE NAME OF SERVICE, TELEPHONE NUMBER, NAME OR NUMBER OF INDIVIDUAL LINE(S), DEPARTURE, TRANSFER AND ARRIVAL TIMES, ETC.

LIST NAMES AND DRIVER LICENSE NUMBERS OF ALL DRIVERS IN THE HOUSEHOLD

EXPLAIN **SPECIFICALLY** WHY EACH DRIVER IN THE HOUSEHOLD CANNOT DO THE REQUIRED DRIVING. INCLUDE DAILY WORK OR SCHOOL AND TRAVEL SCHEDULE OF EACH DRIVER, NATURE AND LOCATION OF EMPLOYMENT AND DISTANCE FROM HOME AND APPLICANT'S SCHOOL. INCLUDE NUMBER OF EMPLOYEES, IF SELF-EMPLOYED.

IF HOUSEHOLD INCLUDES NON-DRIVING ADULT OR MINOR OLDER THAN APPLICANT, GIVE NAME AND RELATIONSHIP TO APPLICANT AND EXPLAIN WHY PERSON CAN NOT/DOES NOT DRIVE. (IF MEDICAL REASON, SEPARATE STATEMENT OF FACTS BY PHYSICIAN NEEDED.)

EXPLAIN WHY CARPOOLS, TAXIS, BICYCLES, WALKING, VANPOOLS, ETC. CANNOT BE USED

SECTION 4 — DRIVER EDUCATION AND TRAINING

HAS APPLICANT COMPLETED APPROVED DRIVER EDUCATION AND TRAINING COURSES? (IF NO, REASON.)

☐ Yes ☐ No

IF A JUNIOR PERMIT IS ISSUED, **CERTIFICATES** OF COMPLETION OF DRIVER EDUCATION AND TRAINING MUST BE ON FILE **WITHIN SIX MONTHS** OR THE PERMIT **MUST BE CANCELLED**. DESCRIBE PLAN TO COMPLETE COURSES IF PERMIT IS ISSUED.

Name

DOB

ID#



SECTION 5 — ADDITIONAL INFORMATION REQUIRED IF REQUEST IS DUE TO *FAMILY ILLNESS*

ESTABLISH THE RELATIONSHIP BETWEEN THE ILL PERSON AND THE APPLICANT

INDICATE WHETHER OR NOT THE PERSON'S ILLNESS PREVENTS THEM DRIVING AND FOR HOW LONG

☐ Yes ☐ No If yes, how long?**SECTION 5A — STATEMENT OF FACTS BY PHYSICIAN (REQUIRED IF DUE TO *FAMILY ILLNESS*)**

NAME OF PATIENT

DIAGNOSIS

PRINCIPAL SIGNS AND SYMPTOMS

PROGNOSIS (INCLUDE PROBABLE DATE WHEN SUFFICIENT RECOVERY WILL HAVE BEEN MADE TO TERMINATE THE EMERGENCY. IF CONDITION IS CHRONIC, PHYSICIAN MUST STATE THAT FACT.)

DOES PATIENT'S CONDITION RULE OUT DRIVING? ☐ Yes ☐ No
If yes, ☐ Permanently ☐ Temporary—how long?IF AVAILABLE, DOES PATIENT'S CONDITION RULE OUT USE OF PUBLIC TRANSPORTATION?
☐ Yes ☐ No***I/We certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

NAME OF SIGNER (print or type)

TITLE

ADDRESS

CITY

STATE ZIP

SIGNATURE

DATE

TELEPHONE NUMBER

X

()

SECTION 6 — ADDITIONAL INFORMATION REQUIRED IF REQUEST IS BASED ON NEED FOR *TRANSPORTATION TO AND FROM SCHOOL*

DESCRIBE TRANSPORTATION ARRANGEMENTS TO DATE

EXPLAIN THE CHANGE IN CIRCUMSTANCES THAT NOW MAKES THE APPLICANT'S OPERATION OF A MOTOR VEHICLE ESSENTIAL

SECTION 6A — STATEMENT OF FACTS BY SCHOOL PRINCIPAL (REQUIRED FOR *TRANSPORTATION TO AND FROM SCHOOL*)

STUDENT'S NAME

LENGTH OF ATTENDANCE

STUDENT'S DAILY SCHOOL HOURS

EXPLAIN WHY SCHOOL AND OTHER TRANSPORTATION IS INADEQUATE FOR REGULAR ATTENDANCE AT SCHOOL

NAME AND LOCATION OF SCHOOL

DISTANCE: RESIDENCE TO SCHOOL

TO SCHOOL BUS STOP (IF ANY)

SCHOOL TO PUBLIC TRANSPORTATION

APPROXIMATE DATE PERMIT NO LONGER NEEDED

LAST DAY OF STUDENT'S SCHOOL YEAR

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

NAME OF SIGNER (PRINT OR TYPE)

TITLE

ADDRESS

CITY

STATE ZIP

SIGNATURE

DATE

TELEPHONE NUMBER

X

()

SECTION 7 — ADDITIONAL INFORMATION REQUIRED IF REQUEST IS BASED ON NEED FOR *TRANSPORTATION TO AND FROM WORK*

EXPLAIN CHANGES IN FAMILY CIRCUMSTANCES THAT NOW MAKE APPLICANT'S INCOME ESSENTIAL IN THE SUPPORT OF THE FAMILY

APPLICANT'S NET OR TAKE HOME INCOME \$ PER	DESCRIBE USE OF APPLICANT'S INCOME
ALL OTHER SOURCES OF FAMILY'S INCOME	

SECTION 7A — STATEMENT OF FACTS BY EMPLOYER (REQUIRED FOR *TRANSPORTATION TO AND FROM WORK*)

NAME OF EMPLOYEE		DATE OF EMPLOYMENT		SALARY \$ PER	
ADDRESS AND CROSS STREETS OF PLACE WHERE APPLICANT REPORTS TO WORK					
TYPE OR NATURE OF EMPLOYMENT	WORK HOURS (STARTING & ENDING TIMES)	MONDAY THRU FRIDAY	SATURDAY	SUNDAY	WEEKLY TOTAL
PERMIT TO EMPLOY MINOR ON FILE? IF YES, GIVE NAME, TITLE AND TELEPHONE NUMBER OF ISSUING PARTY ☐ Yes ☐ No					EXPIRATION DATE
DISTANCE FROM APPLICANT'S RESIDENCE TO PLACE OF EMPLOYMENT			DISTANCE FROM PLACE OF EMPLOYMENT TO PUBLIC TRANSPORTATION		

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

NAME OF SIGNER (print or type)		TITLE	
ADDRESS		CITY	STATE ZIP
SIGNATURE X	DATE	TELEPHONE NUMBER ()	

SECTION 8 — ADDITIONAL INFORMATION REQUIRED IF REQUEST IS BASED ON *FAMILY ENTERPRISE*

NAME AND ADDRESS OF ENTERPRISE		
NATURE AND TYPE OF ENTERPRISE	YEARS IN BUSINESS	NUMBER OF EMPLOYEES (<i>INCLUDE FAMILY MEMBERS</i>)
EXPLAIN <i>SPECIFICALLY</i> WHY EACH EMPLOYEE CANNOT DO THE REQUESTED DRIVING. INCLUDE DAILY WORK AND TRAVEL SCHEDULE OF EACH EMPLOYEE		
SHOW HOW THE FAMILY INCOME DEPENDS ON THE OPERATION OF THE ENTERPRISE		
EXPLAIN WHY SOMEONE CANNOT BE HIRED TO DO THE REQUESTED DRIVING		
EXPLAIN WHY ENTERPRISE WOULD BE UNABLE TO CONTINUE UNLESS APPLICANT OPERATES A MOTOR VEHICLE		
HOURS PER WEEK APPLICANT WOULD WORK	SALARY (<i>IF ANY</i>)	
<i>I/We certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct</i>		
NAME OF SIGNER (<i>PRINT OR TYPE</i>)		TITLE
ADDRESS		CITY STATE ZIP
SIGNATURE X	DATE	TELEPHONE NUMBER ()

SECTION 9 — PARENTS AUTHORIZATION AND CERTIFICATION: *(Both parents must sign, unless one has custody and writes: "I have sole custody")*

I/We hereby authorize the Department of Motor Vehicles to ask for and receive any additional information needed to determine eligibility for a Junior Permit from physician, school principal, and/or employer certifying to a Statement of Facts. Medical information is confidential under CVC §1808.5.

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

PARENT/GUARDIAN'S SIGNATURE X	DATE	PARENT/GUARDIAN'S SIGNATURE X	DATE
ADDRESS		ADDRESS	
CITY		CITY	
STATE	ZIP	STATE	ZIP

For further information, contact: Local DMV Office or Driver Safety Review Unit in Sacramento at (916) 657-6452.

FOR LOCAL DMV USE

☐ Approve ☐ Deny

REASONS:

Signature of Examiner: **X**

Office:

Date: