STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

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

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

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

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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				( ) ( )

Long Standing Stable Vision Condition Statement

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).

I 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

Utility Form

Use this section to transmit information.

I 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

Limited Term Recommendation

Examiner is recommending ☐ Issuance ☐ Extension ☐ Ending a limited term (L/T) license.

☐ L/T Years Recommendation _____ ☐ With Corrective Lenses (Code 01)

(Key 10 in Attach Field on TEST RESULTS screen)

Clearly state the reason for issuing, extending, or ending the limited term DL:

Medical Exam Report Review Recommendation

☐ Applicant is disqualified ☐ The medical report needs further evaluation because:

(Send to DSAU) Mail Station J234) ☐ A copy of medical report is attached

DMV Employee Signature

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

Clear Form Print