



## STATEMENT CONCERNING MINOR AND CERTIFICATION OF INSURANCE COVERAGE

- The person(s) required to sign a Statement of Consent to Issue and Acceptance of Liability (DL 119) for the student named on this form are not residents of California. The student resides at this school.
  
- The student named on this form is a foster child with no parent(s) or guardian(s) available to sign a Statement of Consent to Issue and Acceptance of Liability (DL 119).

STUDENT'S NAME (LAST, FIRST, MIDDLE INITIAL)	STUDENT'S BIRTH DATE
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STUDENT'S ADDRESS

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CITY STATE ZIP CODE

The school named below has filed with the Department of Motor Vehicles a certificate of insurance with an insurance carrier or surety company authorized to do business in California. There is in effect a policy or bond meeting the requirements of Vehicle Code §16056. The policy or bond will cover the liability for civil damages arising out of this student's driving a motor vehicle upon a highway.

NAME OF SCHOOL

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SCHOOL ADDRESS

CITY STATE ZIP CODE

PRINTED NAME OF SCHOOL OFFICIAL

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TITLE

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

SIGNATURE OF SCHOOL OFFICIAL

**X**

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TITLE

**This form must accompany the Application for Student License.**