

MVD AGENT – Vision Results

Passed Vision Exam – YES or Passed Daylight Restriction Vision Exam – YES - Corrective Lens – MVD Agent RACF _____

Legal Guardian Certificate
For under 18 license/permit applicants
Initial one of the boxes that applies to your relationship with the applicant:

Notary Stamp

1. Natural/Adoptive parent, married to other natural/adoptive parent (Initial) _____
2. Natural/Adoptive parent with sole custody (Initial) _____
3. Natural/Adoptive parents share joint custody (**Both parents signatures required**) (Initial) _____
4. Full legal guardian (Initial) _____ (**Proof required**) _____
5. Other (Initial) _____ (**Proof required**) _____

Driving Practice Certificate

The applicant completed at least 30 hours of supervised driving practice, including at least 10 hours at night for a graduated driver license; at least 30 hours of motorcycle riding practice for a motorcycle license or motorcycle endorsement. (Initial) _____

I am responsible for any negligence or willful misconduct caused by the minor applicant.

Parent or Guardian Name				Parent or Guardian Name			
Parent or Guardian Signature				Parent or Guardian Signature			
Acknowledged before me this date.		Notary or MVD Agent Signature & RACF		Acknowledged before me this date.		Notary or MVD Agent Signature & RACF	
Date	County (notary only)	State	Commission Expires	Date	County (notary only)	State	Commission Expires

MVD AGENT

Driving/MSF Certificate Submitted Date: _____

Re-Examination Skills Test

CDL Other

Rules of the Road

Date	GK	Air Brk	Comb	H	N	P	S	T	MVD Agent
Date	GK	Air Brk	Comb	H	N	P	S	T	MVD Agent
Date	GK	Air Brk	Comb	H	N	P	S	T	MVD Agent

Date	<input type="checkbox"/> Pass	MVD Agent RACF
------	--------------------------------------	----------------

Motorcycle Knowledge Test

Date	<input type="checkbox"/> Pass	MVD Agent RACF
------	--------------------------------------	----------------

CDL Road/Skills Test

Passed Parking
MVD AGENT RACF _____

1st	CCD #	Date	VIT	BCST	RT	MVD Agent
2nd	CCD#	Date	VIT	BCST	RT	MVD Agent
3rd	CCD#	Date	VIT	BCST	RT	MVD Agent

Date	<input type="checkbox"/> Pass	MVD Agent RACF
------	--------------------------------------	----------------

MVD AGENT

Primary

Social Security Verification

Residency

Used OnBase/Base Record date: _____ Used ONBASE Doc date: _____

I certify that the documents used in order to establish this customers identity and eligibility have been verified and scanned into the system.

MVD Agent Signature & RACF _____

DO NOT COPY BARCODE

Barcode Area