



PARENT'S/GUARDIAN'S/CUSTODIAN'S CONSENT

For consent to issue privilege to drive or non-operator's identification card

FOR DOT USE ONLY

DL#: _____

Date: _____

Clerk: _____

Parent's/Guardian's/Custodian's proof of identity when form is used to identify minor

(Read Reverse Side Before Starting)

THE FOLLOWING INFORMATION TO BE GIVEN UNDER OATH

I hereby request that the Department of Transportation accept the application of my minor son daughter ward for:

- Operator Instruction Permit, Intermediate/Full Driver License, Motorized Bicycle License, Motorcycle Instruction Permit, Motorcycle License, Non-Operator's Identification Card, Minor's Restricted License

Subject to such restrictions as may be necessary.

I certify that the following information regarding the minor is true and correct:

Minor's Full Legal Name: _____

Minor's Date of Birth: _____

The minor is a resident of the State of Iowa and resides at the following residential address (must be a street or highway address and not a P.O. Box): _____

Street Address, City, Iowa State, ZIP Code

COMPLETE THE FOLLOWING SECTION IF APPLYING FOR A DRIVING PRIVILEGE

I further certify that I, or a co-parent/guardian/custodian, have and will comply with the provisions of Section 321.180B, Code of Iowa, requiring me/us to provide supervised practice drive time prior to issuance as follows:

INTERMEDIATE DRIVER LICENSE: Twenty hours, two hours were between the hours of sunset and sunrise.

FULL-PRIVILEGE DRIVER LICENSE: Ten hours, two hours were between the hours of sunset and sunrise.

I further certify that, to the best of my knowledge, the minor child named above:

Does not have any mental or physical disabilities that would affect his/her driving ability.

Minor Organ Donor: I hereby give my approval for my minor to be designated as an organ donor under provisions of Chapter 142C., Code of Iowa Yes No

Passenger Restriction: Section 321.180B, Code of Iowa, limits the intermediate license holder to one unrelated minor passenger for the first six (6) months. Parents have the option to waive the passenger restriction.

- Yes, I want my minor to have the passenger restriction for the first six months. No, I do not want my minor to have the passenger restriction for the first six months when being issued the intermediate license.

Parent's/Guardian's/Custodian's Name: _____

Address: _____

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Parent's/Guardian's/Custodian's Signature: _____ Date

ALL INFORMATION SHOULD BE PRINTED WITH INK OR TYPED

APPLICATION OF UNMARRIED PERSONS UNDER AGE EIGHTEEN

This form must be signed, under penalty of perjury, in accordance with the requirements listed below.

Section 321.184, Code of Iowa, provides that the application of any unmarried person under the age of eighteen years for a driver license shall contain the verified consent and confirmation of the applicant's birthday and shall be signed by either parent of the applicant, the guardian of the applicant, or a person having custody of the applicant under Iowa Code Chapter 232 or 600A.

Be sure this affidavit is properly filled out before it is presented to the Driver License personnel.

Licenses issued to parents/guardians/custodians may be revoked for one year if they give false information in connection with making application for a license for their son, daughter, or ward.

NOTE: The Iowa Code Provides For The Withdrawal Of Consent If The Parent/Guardian/Custodian Giving Consent Notifies The Department In Writing.

***PERJURY IS A CLASS "D" FELONY PUNISHABLE BY UP TO FIVE (5) YEARS IN PRISON
AND A FINE OF UP TO \$7,500. IOWA CODE § 720.2, 902.9.**

You are required to advise the Driver & Identification Services within 30 days of an address change.