

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

PARENT/GUARDIAN CONSENT FOR A MINOR

Pursuant to Alaska Statute 28.15.071, an application for a person under the age of 18 must be signed by a parent or legal guardian. The person who authorizes issuance of the license or permit is liable for damages caused by the minor when driving a motor vehicle. You may file a written request to cancel the license or permit.

The above applies until the minor reaches 18 years of age. Please complete in ink:

I, _____, hereby give my consent for _____ whose date of birth is _____ to obtain:

INITIAL ONLY ONE

AGE

- _____ Alaska Driver's Instruction Permit (Class IP)(14 - 17)
- _____ Alaska Provisional Driver's License (Class D)*(16 - 17)
- _____ Alaska Driver's License (Class D)**(16 - 17)
- _____ Alaska Motor-Driven Cycle Permit (Class M2)(14 - 15)
- _____ AK Motorcycle/Motor-Driven Cycle Instruction Permit (IM)(14 - 17)
- _____ Alaska Provisional Motorcycle License (Class M1)*(16 - 17)
- _____ Alaska Motorcycle License (Class M1)**(16 - 17)
- _____ Alaska Commercial Instruction Permit (Class IA, IB or IC) (Age 17)
- _____ Alaska ATV & Snowmachine Driver's License (Class R)***(16 - 17)

*Must have held a valid permit for the class of license applying for (IP for D or IM for M1) for at least 6 months with no violations.

**Must have held a valid Provisional license (D or M1) for 6 months with no violations or repeat minor consuming offense.

***Must only operate on public roads in communities that allow operation through a local ordinance that conforms to AS 28.01.010(a).

I agree to assume full financial responsibility for this individual until his/her 18th birthday. I understand that I may file a request to cancel the license/permit at any time.

To obtain a Provisional License, I certify that the applicant has had at least 10 hours of driving experience in inclement weather (snow, ice, rain, darkness, etc.) for a total of 40 hours driving experience.

Your Driver's License #: _____ Issuing State: _____ Your Relationship to Applicant: Mother Father

Your Mailing Address: _____

Signature: _____

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Public or DMV Representative (AMVC ID & Office Number)

AMVC _____ / Office # _____

My Commission Expires: _____