



AFFIX DOCUMENT NUMBER LABEL

Consent for a Minor

As the: (check **ONE** only)

- Parent
- Step-parent
- Legal Guardian
- Social Worker

I give my consent to

who was born on _____ ,
Date (name of month, day, year)

to obtain the following: *[initial the choice(s)]*

_____ Operator's Licence

_____ Vehicle Registration

_____ Identification Card

Name of Person Giving Consent (PRINT)

Date

Signature of Person Giving Consent

Identity Shown to Verify Person Giving Consent

For Registry Agent's Use Only

NOTE:
This validated form must be returned if another knowledge test is required and the parent/legal guardian is unable to attend at that time.