



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.