



**STATE OF GEORGIA
DEPARTMENT OF DRIVER SERVICES
P.O. BOX 80447
CONYERS, GEORGIA 30013
404-657-9300**

DRIVER TRAINING SCHOOL PARENTAL AFFIDAVIT

TYPE OR PRINT IN INK

I, _____ on _____ hereby
(Parent or Guardian's Name) (Date)

swear or affirm that I have granted permission for _____ of the
(Licensed Driving School Instructor)

_____ to sign the driver's license application for my minor child
(Driver License Training School)

_____ to receive his/her driver's license.
(Name of Minor) (Date of Birth of Minor)

Signature: _____
Parent or Legal Guardian

Notary:
Sworn to and subscribed before me this
_____ day of _____ 20____.

Notary Public

Seal