



AGREEMENT OF FINANCIAL LIABILITY

State Form 39531 (R5 / 3-11)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
100 North Senate Avenue
Room N405
Indianapolis, IN 46204

* This agency is requesting disclosure of your Social Security Number in accordance with IC §9-24-9-2; disclosure is mandatory and this application cannot be processed without it.

NOTE: This Agreement of Financial Liability is to be used if applicant for permit or driver's license is under eighteen (18) years of age.

- INSTRUCTIONS:**
1. Complete in blue or black ink.
 2. Include a photo copy of the affiant's driver's license or identification card.
 3. Completed agreement must be submitted to the license branch upon minor's application for permit or license.

Notice: The application for a permit or license of an individual less than eighteen (18) years of age must be signed and sworn to or affirmed by one (1) of the following:

- (1) The parent having custody of the minor applicant or a designee of the custodial parent specified by the custodial parent.
- (2) The noncustodial parent of the minor applicant or a designee of the noncustodial parent specified by the noncustodial parent.
- (3) The guardian having custody of the minor applicant.
- (4) In the absence of a person described in (1) through (3), any other adult who is willing to assume the obligation as set forth on this Agreement.

Name of minor		Driver's License Number (if applicable)		Social Security Number *	
Address (number and street)			City	State	ZIP Code
Printed Name of Affiant					
Social Security Number *		Driver License/Identification Number of Affiant (if applicable)		Driver License/ID State	
Address (number and street)			City	State	ZIP Code
Relationship to applicant					
<input type="checkbox"/> Custodial Parent or Designee		<input type="checkbox"/> Guardian with Custody		<input type="checkbox"/> Employer	
<input type="checkbox"/> Non-Custodial Parent or Designee		<input type="checkbox"/> Other (please specify) _____			
<p>The undersigned AFFIANT hereby agrees to be responsible, jointly and severally with the MINOR for any injury or damages which said MINOR may cause, by reason of operation of a motor vehicle, in such cases as the MINOR is found to be liable for such injuries or damages. The assumption of liability by the AFFIANT shall terminate upon the MINOR'S eighteenth birthday, revocation by affiant, or death of affiant.</p> <p>I swear or affirm that the information I have entered on this form is correct and that I agree to be jointly and severally liable for the Minor as stated above. I understand that making a false statement may constitute the crime of perjury.</p>					
Signature of Affiant				Date Signed (mm/dd/yyyy)	