

Application for Permit / License / Non-Driver ID



PERMIT / LICENSE / ID FORM

DRIVER LICENSE NUMBER / NON-DRIVER ID NUMBER

FIRST NAME											
MIDDLE NAME											
LAST NAME											
SUFFIX		** SUBMISSION OF THE SOCIAL SECURITY NUMBER IS REQUIRED BY N.J.A.C. 13:21-1.3. THE NUMBER WILL BE USED TO PREVENT ERRORS AND ENFORCE FEDERAL AND STATE LAWS, AND IN THE COLLECTION OF MOTOR VEHICLE FEES.					**SOCIAL SECURITY NUMBER			CHECK HERE IF YOUR ADDRESS HAS CHANGED FROM PREVIOUS RECORDS <input type="checkbox"/>	
MAILING ADDRESS (STREET, PO BOX, RURAL ROUTE)					RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)						
CITY		STATE	ZIP	COUNTY		CITY		STATE	ZIP	COUNTY	
FULL DATE OF BIRTH (MMDDYYYY)			SEX		EYE COLOR			WEIGHT		HEIGHT	
								Ft.		In.	
SIGNATURE:								DATE (MMDDYYYY)			

I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL, AND/OR CRIMINAL PENALTY.
BA-208 (R1-19)

SELECT ONE: REAL ID STANDARD PERMIT (STANDARD ONLY)
SELECT ALL THAT APPLY: DRIVER LICENSE NON-DRIVER ID BOAT MOTORCYCLE

PARENTAL CONSENT FOR APPLICANTS UNDER 17

NAME OF PARENT OR GUARDIAN (PRINTED): _____

SIGNATURE OF PARENT OR GUARDIAN: _____
Your signature confirms your consent to the attached application and that you have received a copy of the Share the Keys Resource Guide

DATE: _____

FOR MVC USE ONLY

- | | |
|--|---|
| <p>Trans Type: Standard</p> <p>6 Points of Identification*</p> <ul style="list-style-type: none"> - Primary Document: - Secondary Document(s): - Proof of Full Social Security Number: - Proof of Address: | <p>Trans Type: Real ID</p> <ul style="list-style-type: none"> - 2 Proofs of Residential Address: - 1 Proof of Full Social Security Number: - 6 Points of Identification*: |
|--|---|

* Refer to Standard or Real ID brochure for valid 6 Point documents.