



Application for Driver Examination Permit



If applying for an auto, motorcycle, moped, or agricultural permit, please fill out, print, and sign by hand prior to visiting an Agency.



STUDENT TRANSFER

APPLICATION FOR DRIVER EXAMINATION PERMIT

THIS APPLICATION IS FOR (CHECK APPROPRIATE BOXES BELOW):

DRIVER LICENSE: [] [] [] DATE OF BIRTH: [] [] [] [] [] []
MONTH DAY YEAR

NAME: [] [] [] [] [] []
FIRST MI LAST

SOCIAL SECURITY #: [] [] [] [] [] [] * AGE: [] SEX: [] EYE COLOR: [] WEIGHT: [] HEIGHT: [] []
LBS FT IN

MAILING ADDRESS (STREET, PO BOX, RURAL ROUTE) RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

- Address Change
- Mailing
- Street
- Initial
- Renewal
- Duplicate
- Change
- Add
- Class
 - D Auto
 - E Motorcycle
 - F Moped
 - G Agricultural
- Endorsements
 - M Motorcycle

CITY	STATE	ZIP	COUNTY	CITY	STATE	ZIP	COUNTY
1. Do you have a valid driver license or non-driver identification card in any other state, province, territory or country? <input type="checkbox"/> YES <input type="checkbox"/> NO		2. Is your driving privilege suspended, revoked, cancelled, disqualified in any state, province, territory or country? <input type="checkbox"/> YES <input type="checkbox"/> NO		3. Do you have a mental, physical or convulsive disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO		4. Are you in this country legally? <input type="checkbox"/> YES <input type="checkbox"/> NO	

OUT-OF-STATE LICENSE TRANSFER INFORMATION ONLY

STATE: [] DRIVER LICENSE NUMBER: [] NAME ON LICENSE (if different than above): []

X SIGN HERE. I, the applicant, certify that the statements made by me on both sides of this application are true. DATE

I am aware that if any statements made by me are willfully false, I am subject to penalty.

BA-412C(R 8/19)

If you answered YES to questions 1, 2 or 3, please explain:

PARENT/LEGAL GUARDIAN CONSENT (Required if applicant is under the age of 18.)

I certify that the applicant has completed this form accurately and that I have received a copy of the Graduated License Handbook	DRIVER LICENSE NUMBER OF PARENT OR LEGAL GUARDIAN	STATE OF ISSUE
	NAME OF PARENT OR LEGAL GUARDIAN	SIGNATURE OF PARENT OR LEGAL GUARDIAN

Voter Registration

Would you like to register to vote? YES NO

If applying for an address change, would you like the new address to be your address used for voter registration purposes? YES NO

Organ Donor

Before checking the box below, please visit <http://donatelife.org/> to register as an organ donor and/or for information on life-saving potential of organ and tissue donation. I certify that I have made an informed decision on the issue of organ and tissue donation by registering as an organ donor and/or reviewing the life-saving potential of organ and tissue donation provided through the on-line portal or at an MVC Agency. YES NO

GENERAL CERTIFICATION

A person who applies for a driver license or permit during suspension or revocation, or gives a fictitious name, address or gives a misstatement of fact, is subject, upon conviction, to a fine of not more than \$500 and/or imprisonment at the discretion of the court. Applicant is also subject to suspension of driving privileges for a period of not more than two years. Authority: N.J.S.A. 39:3-34, 39:3-37.

* Submission of the Social Security Number is required by N.J.A.C. 13:21-13. The number will be used to prevent errors, enforce federal and state laws and assist in the collection of motor vehicle fees.

FOR MVC USE ONLY