



## AFFIDAVIT OF DRIVER TRAINING

STATE OF OKLAHOMA )  
 ) §  
COUNTY OF \_\_\_\_\_ )

Consent to perform online services

I declare upon oath and under penalty of perjury that I am the Parent/Legal Guardian of the applicant named below. I further declare that the person listed below has received a minimum of fifty (50) hours of actual behind-the-wheel training, of which at least ten (10) hours of said training was at night, from a licensed driver who was at least twenty-one (21) years of age and who was properly licensed to operate a Class D motor vehicle for a minimum of two (2) years. 47 O.S. §6-105(D)(1)(b).

**This document must be completed in the presence of a notary public.**

### APPLICANT INFORMATION

Last Name:	First Name:	Middle Name:
Driver License #:	Date of Birth:	

### PARENT/LEGAL GUARDIAN INFORMATION

Last Name:	First Name:	Middle Name:
Driver License #:	Date of Birth:	

**I state under penalty of perjury under the laws of Oklahoma the foregoing is true and correct.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian      Date

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, Notary Public

[SEAL]