



AFFIDAVIT FOR FARM DRIVING PERMIT (EMPLOYER)

Applicant's Name:		Applicant's Date of Birth:
Applicant's Address:		Applicant's Phone Number:
Parent/Guardian		
Parent/Guardian Address:		Parent/Guardian Phone Number:
Employer Name:	Farm Name: (If different)	
Farm Address:	OTC Farm Permit Exemption Number:	

Pursuant to 47 O.S. §6-105(l)(1), "any person who is less than seventeen (17) years of age but is at least fourteen (14) years of age and who resides upon a farm in this state or is employed for compensation upon a farm in this state may apply to Service Oklahoma for a farm permit authorizing such person, while possessing the permit, to operate any Class D motor vehicle."

TO BE COMPLETED BY EMPLOYER

I, the undersigned employer, do hereby affirm under penalty of perjury that the applicant is employed for compensation at the farm identified above.

Please attach a copy of the OTC Agricultural Exemption Permit to this Affidavit.

By signing, I certify that the following is a true and correct statement:

Signature of Applicant's Employer

This form must be notarized.

State of _____, County of _____

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires: _____

_____, Notary Public

[SEAL]

TO BE COMPLETED BY PARENT/GUARDIAN

I, the undersigned parent/guardian, do hereby affirm under penalty of perjury that the applicant is at least 14 years of age but less than 17 years of age and is employed for compensation at the farm identified above.

By signing, I certify that the following is a true and correct statement:

Signature of Parent/Guardian

This form must be notarized.

State of _____, County of _____

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires: _____

_____, Notary Public

[SEAL]