



# Graduated Driver Licensing Certification

PLEASE PRINT P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631 • DriverLicense@mt.gov • mvdmt.gov

**Instructions:** Parent/Legal Guardian/Responsible Adult - complete this form and submit it to the Driver Examination Station after the applicant, who is under 18 years of age, has completed the minimum six-month period for holding a traffic education permit or a learner license.

**Full Legal Name of Minor Applicant:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I certify, under penalty of law, that as the parent or legal guardian of the above-named minor applicant, the applicant:

- has completed 50 hours of supervised driving experience, 10 of which were at night;
- has not been convicted of a traffic violation or convicted or adjudicated for any offenses involving alcohol or drugs during the six-month period immediately preceding this application; and
- has no pending traffic alcohol or drug citations.

\_\_\_\_\_  
**Signature of Parent, Legal Guardian, or Responsible Adult**

\_\_\_\_\_  
**Adult Driver License No.**

\_\_\_\_\_  
**Printed Parent, Legal Guardian, or Responsible Adult**

\_\_\_\_\_  
**Date**