

STATE OF OKLAHOMA)	
) §	
	COUNTY)	
(county of notarization)			

AFFIDAVIT OF DRIVER TRAINING

I, the undersigned, declare upon oath and under penalty of perjury that I am the Parent/Legal Guardian of the person named below and 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 such 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 6-105, D, 1, (c)]

* THIS DOCUMENT MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC *

APPLICANT INFORMATION	: (please p	rint clearly)	
Driver License Number:			
Name:			Date of Birth:
Last	First	Middle	
PARENT INFORMATION:	(please p	rint clearly)	
Driver License Number:			
Name:			Date of Birth:
Last	First	Middle	
			Signature of Parent/Legal Guardian
Subscribed and sworn to before	ore me this	day of	
If Notary Has Ink Stamp, Please Stamp in	this Area		
			Notary Public Signature
		My Comm	ission Expires: