



STATE OF OKLAHOMA )

) §

COUNTY OF \_\_\_\_\_ )

**Affidavit of Driver Training**

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)(c).

**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*

SUBSCRIBED AND SWORN to before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
*Notary Public*