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 print clearly)

Driver License Number: _____

Name: _____ Date of Birth: _____
Last First Middle

PARENT INFORMATION: (please print clearly)

Driver License Number: _____

Name: _____ Date of Birth: _____
Last First Middle

_____
Signature of Parent/Legal Guardian

. . . . . .

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

If Notary Has Ink Stamp, Please Stamp in this Area

_____
Notary Public Signature

My Commission Expires: _____