

**SUPPLEMENTAL APPLICATION
FOR
STUDENTS REQUESTING REGISTRATION EXEMPTION**

1. **Name of Permit Applicant:**

_____ (LAST) (FIRST) (MIDDLE)

2. **Name of Student Requesting Exemption:**

_____ (LAST) (FIRST) (MIDDLE)

3. **Address of Student:** _____ (NUMBER) (DIRECTION) (STREET)
_____ (CITY) (STATE) (ZIP CODE)

4. **Phone Number:** _____ (AREA CODE) (NUMBER)

5. **Driver's License Number:** _____ **State:** _____ (Attach Copy of Driver's License)

6. **Name of School:** _____

7. **Address of School:** _____ (NUMBER) (DIRECTION) (STREET)
_____ (CITY) (STATE) (ZIP CODE)

Phone Number: _____ (AREA CODE) (NUMBER)

8. **Number of Units Enrolled:** _____ (Attach Copy of Student I.D.)

9. **Vehicle Information:**

License Plate Number: _____ Year: _____

Make: _____ Model: _____ Color: _____

10. **State of Vehicle's Registration:** _____ Expiration Date: _____
(Attach Copy of Registration)

I certify or declare that the above statements and answers contained herein are true and correct. Proof of fraudulent application will result in immediate denial and/or revocation of permit.

_____ (Signature) (Date)

Requirements:
Valid Vehicle Registration, Driver's License & Student I.D.