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.