DEPARTMENT OF FINANCE AND ADMINISTRATION
Office of Driver Services, Driver Control

Age Waiver Application- Insurance Verification

The purpose of this form is to verify that the insurance company has been contacted to verify that the child is eligible for coverage when driving without a licensed adult. **This form is not intended as proof of insurance for the licensee.**

AGE WAIVER APPLICANT INFORMATION		
LAST NAME	FIRST NAME	DRIVER'S LICENSE NUMBER

MINOR'S VEHICLE/TAG INFORMATION	
TAG NUMBER	Vehicle Identification Number (VIN):
LIST ANY VEHICLES THE MINOR IS EXCLUDED FROM DRIVING:	
1.	
2.	

I verify that the minor listed above is insured when driving without a licensed adult.

INSURANCE COMPANY NAME	DATE
INSURANCE POLICY NUMBER	TELEPHONE NUMBER
INSURANCE AGENT SIGNATURE	