



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): <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				
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	