



AFFIDAVIT FOR WITHDRAWAL OF RESPONSIBILITY

SECTION 1: MINOR INFORMATION

FIRST NAME	LAST NAME	MI	PHONE NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH
STREET ADDRESS			CITY	STATE	ZIP

SECTION 2: PARENT OR LEGAL GUARDIAN INFORMATION

FIRST NAME	LAST NAME	DRIVER LICENSE NUMBER
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SECTION 3: PARENT OR LEGAL GUARDIAN STATEMENT

In accordance with KAR 186.470, I, the undersigned, having signed an application for the above-named minor, for which an application is on file in the Department of Vehicle Regulation, do hereby request that my name be removed from such application and that I be relieved of responsibility for said minor.

I understand that withdrawing my responsibility for said minor will result in the immediate cancelation of the minor's operator permit or license.

SIGNATURE

DATE

KYTC USE ONLY

APPROVED BY:

PRINTED NAME

OFFICE

SIGNATURE

DATE