Parent/Guardian Consent in Support of a Minor's Driver's Licence

(as per *Motor Vehicle Act section 32*)

THIS SECTION TO BE COMPLETED BY ICBC

OFFICE NO.	RACF ID	**MINOR'S** DRIVER'S LICENCE NO.	NAME CODE	COMPLETED IN OFFICE ☐ YES ☐ NO

Minor's Driver's Licence Application Information

SURNAME FOLLOWED BY GIVEN NAME(S)	DATE OF BIRTH (dd/mmm/yyyy)
ADDRESS (apartment number, street number and name, city, town or village)	POSTAL CODE

I certify that I am the person named above, and that my date of birth and residential address are as stated above, and the signature below is my signature. I have read the warning below and understand the consequences of making a false declaration.

SIGNATURE OF **MINOR** _____ DATE (dd/mmm/yyyy) _____

Parent/Guardian's Information

To the Insurance Corporation of British Columbia:

I, _____
(print surname followed by given names of **parent/guardian**)

of _____
(street address) (city, town) (postal code)

Declare that:

1. I am the custodial parent/legal guardian of the minor named above.
2. I hereby make application in support of the minor named above for a driver's licence to operate Class 5/7 (passenger vehicle), ☐ Class 6/8 (motorcycle) ☐ Class 3 (commercial vehicle) (Check additional boxes if they apply. See **NOTE**.)
3. I understand that should I, in the future, have concerns about the fitness and ability of the minor named above to drive, that I may report these concerns to the Superintendent of Motor Vehicles who may take action regarding the privilege the minor named above to drive.
4. I am aware of the fact that not all ICBC Insurance Products will provide coverage to new drivers.
5. I have read the warning below and understand the consequences of making a false declaration.

SIGNATURE OF **PARENT OR GUARDIAN** _____ DATE (dd/mmm/yyyy) _____

Non-Related Adult Witness's Information — To audit the information provided, the witness may be contacted by ICBC.

I confirm that I have witnessed the above parent or guardian signature and the signature is of the person identified above.
I have read the warning below and understand the consequences of making a false declaration.

Non-Related Adult Witness:

(print surname followed by given names of **witness**) _____ SIGNATURE _____ DATE (dd/mmm/yyyy) _____

ADDRESS _____ AREA CODE _____ PHONE NUMBER _____

WARNING: Knowingly making a false or misleading statement in applying for or assisting in the application for a British Columbia Driver's Licence may result in prosecution under the *Motor Vehicle Act. s. 69*. A person who contravenes s. 69 is liable to a fine of up to $20,000 and/or to imprisonment.

NOTE: Only the class or classes of licence specified in this application will be issued and must be tested for on the same day consent is granted. A further application is required if a change of licence classification is requested at a future date.

Full legal name as shown on the applicant's primary identification must be used in completing this form.

Parent/guardian must provide one piece of primary or secondary identification if attending an office in person.

The witness section does not need to be completed when the form is completed in office in front of an ICBC Customer Service Representative.

Personal information contained in this form is collected under the authority of s. 32 of the *Motor Vehicle Act* and s. 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose of processing the application in support of a minor for a driver's licence. Information may be disclosed pursuant to s. 33 of FIPPA. If you have any privacy questions, please visit icbc.com or contact the Manager at our Privacy & FOI department at 151 W Esplanade, North Vancouver, BC, V7M 3H9, or call 1-800-950-1498.

Please check with your insurance agent that you have the appropriate insurance coverage for the vehicle(s) operated by your son/daughter/guardian.