

# 433M

## STATE OF ALASKA DIVISION OF MOTOR VEHICLES

### PARENT/GUARDIAN CONSENT FOR A MINOR FOR A MOTOR DRIVEN CYCLE

Pursuant to Alaska Statute 28.15.051(d), an application for a person under the age of 18 must be signed by natural parents or legal guardians. The person who authorizes issuance of the license or permit is liable for damages caused by the minor when driving a motor driven cycle. You may file a written request to cancel the license or permit.

The above applies until the minor reaches 18 years of age. Please complete in ink:

I, \_\_\_\_\_ and \_\_\_\_\_, hereby give our consent for  
Parent/Guardian 1 Parent/Guardian 2

\_\_\_\_\_ whose date of birth is \_\_\_\_\_ to obtain:  
Applicant's Name

<b>SELECT ONLY ONE</b>	<b>AGE</b>
_____ Alaska Motor-Driven Cycle Permit (Class M2) .....	(14 - 15)
_____ Alaska Motorcycle/Motor-Driven Cycle Instruction Permit (IM).....	(14 - 17)
_____ Alaska <u>Provisional</u> Motorcycle License (Class M1)* .....	(16 - 17)
_____ Alaska Motorcycle License (Class M1)** .....	(16 - 17)

\* Must have held a valid permit for the class of license applying for (IP for D or IM for M1) for at least 6 months with no violations.  
 \*\* Must have held a valid Provisional license (D or M1) for 6 months with no violations or repeat minor consuming offense.  
 \*\*\* Must only operate on public roads in communities that allow operation through a local ordinance that conforms to AS 28.01.010(a).

We agree to assume full financial responsibility for this individual until his/her 18<sup>th</sup> birthday. We understand that we may file a request to cancel the license/permit at any time.  
 To obtain a Provisional License, we certify that the applicant has had at least 10 hours of driving experience in inclement weather (snow, ice, rain, darkness, etc.) for a total of 40 hours driving experience.

Parents Driver's License #:	Issuing State:	Your Relationship to Applicant:
Your Mailing Address:		
Email	Phone	
Signature:		

**Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**  
 \_\_\_\_\_  
**Notary Public or DMV Representative (LOGIN ID & Office Number) AMVC\_\_\_\_\_ / Office # \_\_\_\_\_**  
**My Commission Expires:**

Parents Driver's License #:	Issuing State:	Your Relationship to Applicant:
Your Mailing Address:		
Email	Phone	
Signature:		

**Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**  
 \_\_\_\_\_  
**Notary Public or DMV Representative (LOGIN ID & Office Number) AMVC\_\_\_\_\_ / Office # \_\_\_\_\_**  
**My Commission Expires:**