

**KENTUCKY TRANSPORTATION CABINET
DRIVER LICENSE - ID CARD APPLICATION**

Legal Name						
First	Middle	Last				
Soc. Sec. No.	Date of Birth	Sex	Height	Weight	Eye Color	
Resident Address						
City	KY		ZIP			

PARENT/GUARDIAN - UNDER AGE 18 APPLICANTS

Signing for first-time applicant (PGS) Signing for applicant, restoring driving privilege (PGR)

In accordance with KRS 186.590, I am jointly liable with the applicant for any damages caused, and I am the legal parent or guardian of the applicant. I certify that my child has a high school diploma or GED or is enrolled and in good standing in school, pursuant to KRS 159.051 No Pass/No Drive Law.

Signature of Parent or Legal Guardian _____ Relationship to Applicant _____

Driver License No. of Parent/Guardian _____ State _____

The Applicant and the Parent/Guardian signed this application before me on Date _____

Official's Signature _____

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