



AFFIX DOCUMENT NUMBER LABEL

Parent/Guardian Consent

As the Parent or Guardian, I give my consent to:

who was born on _____ ,
Date (name of month, day, year)

to obtain the following:
[initial the choice(s)]:

_____ Alberta Operator's Licence

_____ Alberta Vehicle Registration

_____ Alberta Identification Card

_____ Other *(please describe)*

REGISTRIES
USE ONLY

Name of Parent or Guardian *(please print)*

Signature of Parent or Guardian

Date