



MISSOURI DEPARTMENT OF  
**REVENUE**  
**Parent, Grandparent, or Guardian Request**

If a parent, grandparent, or guardian has a physical disability which prohibits or disqualifies him or her from being a qualified licensed operator, the parent, grandparent, or guardian may complete this form authorizing someone other than the parent, grandparent, or guardian to accompany the driver listed below.

Name Of Driver (First Name, Middle Initial, Last Name)	Permit License Number
<p>I, _____, am the <input type="checkbox"/> parent, <input type="checkbox"/> grandparent, <input type="checkbox"/> guardian  <small>(First Name, Middle Initial, Last Name)</small></p> <p>of the above driver who is under 16 years of age.</p> <p>I am designating the following individual(s) to accompany the above named driver for the purpose of giving instruction in driving a motor vehicle.</p> <p>The designee(s) listed below is a licensed operator for the type of motor vehicle to be operated and is 21 years of age or older.</p>	

<b>Designee(s)</b>	<b>A maximum of two individuals may be authorized. Please type or print legibly.</b>	
	As the authorized designee to give instruction to the driver noted on this application, the designee understands that he or she must occupy the seat beside the above applicant while giving instruction in driving the motor vehicle.	
	Designee's Name (First Name, Middle Initial, Last Name)	Driver License Number Of Designee
	As the authorized designee to give instruction to the driver noted on this application, the designee understands that he or she must occupy the seat beside the above applicant while giving instruction in driving the motor vehicle.	
	Designee's Name (First Name, Middle Initial, Last Name)	Driver License Number Of Designee

<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I certify that the designee(s) listed above possesses a valid driver license, is 21 years of age or older and will occupy the seat beside the driver while giving instruction in driving the motor vehicle.	
	Signature of Parent, Grandparent, or Guardian	Date (MM/DD/YYYY) ____/____/____
	Signature of Applicant	Date (MM/DD/YYYY) ____/____/____

Return this form to any Missouri Department of Revenue license office. You will receive a label that will be placed on the permit at the license office.

