



Child's Information	Name (Last, First, and Middle Initial)			
	Address	City	State	ZIP Code
	Date of Birth (MM/DD/YYYY) ____ / ____ / ____		License, Permit or Social Security Number	

Request to Deny	<p>I or We hereby certify that:</p> <p><input type="checkbox"/> I am the sole legal custodial parent or legal guardian of the above referenced child (requires the signature of custodial parent or guardian). or</p> <p><input type="checkbox"/> We are the joint legal custodial parents or legal guardians of the above referenced child (requires the signatures of <u>both</u> custodial parents or guardians).</p> <p>1. The above referenced child is not an emancipated minor.</p> <p>2. I or We request the Director of Revenue to deny issuance of a driver license to the above referenced child pursuant to Section 302.060(12), RSMo. In the case that a driver license has already been issued, I or We request that the Director of Revenue deny a driving privilege to the above referenced child.</p> <p>3. I or We understand that the above referenced child's driving privilege will be denied until such time that I or We request the Director of Revenue to reinstate the driving privilege, or until the above referenced child reaches the age of 18.</p>
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Request to Reinstate	<p>I or We hereby certify that:</p> <p><input type="checkbox"/> I am the sole legal custodial parent or legal guardian of the above referenced child (requires the signature of custodial parent or guardian). or</p> <p><input type="checkbox"/> We are the joint legal custodial parents or legal guardians of the above referenced child (requires the signatures of <u>both</u> custodial parents or guardians).</p> <p>1. I or We previously requested the Director of Revenue to deny the driving privilege of the above referenced child.</p> <p>2. I or We request the Director of Revenue to reinstate the driving privilege of the above referenced child pursuant to Section 302.060(12), RSMo.</p> <p>3. I or We understand that the above referenced child's driving privilege will be cleared for issuance or return of a license.</p>
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I or We further certify, under penalty of perjury and [Chapter 302, RSMo](#), that the foregoing information is true and this certified statement is made without intent to defraud.

Parent or Guardian Information and Signature	Name (Last, First, and Middle Initial)		Date of Birth (MM/DD/YYYY) ____ / ____ / ____	
	Address	City	State	ZIP Code
	Driver License Number	Home Phone Number (____) - ____ - ____	Work Phone Number (____) - ____ - ____	
	Parent or Guardian Signature			Date (MM/DD/YYYY) ____ / ____ / ____

Parent or Guardian Information and Signature	Name (Last, First, and Middle Initial)		Date of Birth (MM/DD/YYYY) ____ / ____ / ____	
	Address	City	State	ZIP Code
	Driver License Number	Home Phone Number (____) - ____ - ____	Work Phone Number (____) - ____ - ____	
	Parent or Guardian Signature			Date (MM/DD/YYYY) ____ / ____ / ____

