

COMMERCIAL DRIVING SCHOOL INSTRUCTION PERMIT

NOTE: This permit is valid only while receiving driver training by a Licensed Driving Instructor. This permit shall not be used for any other purpose and is not transferable from one commercial school to another.

NAME OF APPLICANT - FIRST / MIDDLE / LAST						INSTRUCTION PERMIT NO.	
ADDRESS - Street / R.F.D. / City / Parish / State / Zip						DATE ISSUED	
						STATE	
DATE OF BIRTH	RACE	SEX	COLOR HAIR	COLOR EYES	WEIGHT	HEIGHT	
Mo. Day Yr.		<input type="checkbox"/> Male <input type="checkbox"/> Female					

- | | |
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| 1. HAVE YOU EVER EXPERIENCED ANY LOSS OF CONSCIOUSNESS OTHER THAN NORMAL SLEEP?* | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| IF YOUR ANSWER TO QUESTION ONE IS "YES", EXPLAIN: _____ | |
| | |
| 2. DO YOU HAVE ANY PHYSICAL CONDITION SUCH AS EPILEPSY, DIABETES, HEART TROUBLE, PARALYSIS, FAINTING SPELLS, DIZZY SPELLS, OR OTHER TYPE CONDITION WHICH COULD IMPAIR YOUR ABILITY TO OPERATE A MOTOR VEHICLE SAFELY?* | <input type="checkbox"/> <input type="checkbox"/> |
| 3. HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL ILLNESS OR DO YOU HAVE ANY MENTAL CONDITION WHICH COULD IMPAIR YOUR ABILITY TO OPERATE A MOTOR VEHICLE SAFELY?* | <input type="checkbox"/> <input type="checkbox"/> |
| 4. DO YOU WEAR CONTACT LENSES OR GLASSES? | <input type="checkbox"/> <input type="checkbox"/> |
| 5. DO YOU UNDERSTAND HIGHWAY WARNING AND DIRECTION SIGNS IN LOUISIANA? | <input type="checkbox"/> <input type="checkbox"/> |
| 6. ARE YOU AWARE THAT A FALSE STATEMENT IN SECURING THIS PERMIT WILL AUTOMATICALLY REVOKE SAME? | <input type="checkbox"/> <input type="checkbox"/> |

I swear that the information set forth in the above and foregoing application is complete, true and correct.

SIGNATURE OF APPLICANT	DATE
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TO BE USED ONLY IF APPLICANT IS A MINOR AND A STUDENT DRIVER

I do solemnly swear that the above named applicant is my _____ and was born, Mo. _____, Day _____, 19____. I further swear that the above statements are true to the best of my knowledge and do hereby assume the obligation imposed by law. This is my authorization to grant a commercial school instruction permit.

SIGNATURE OF PARENT OR GUARDIAN	SIGNATURE OF PARENT OR GUARDIAN
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Sworn and subscribed before me on	NOTARY PUBLIC OR COMMERCIAL DRIVING SCHOOL INSTRUCTOR
Mo. Day Yr.	

* A "YES" answer requires that applicant be referred to his/her physician for clearance prior to issuance of this instruction permit. A copy of the physician's statement and a copy of this permit must be attached to the certificate of completion.