

PARENT TAUGHT DRIVERS EDUCATION AFFIDAVIT

By this affidavit I(we) do hear by affirm to the Department of Public Safety that I(we),

Parent 1: (Name, Date of Birth, and Mailing Address)

Driver License Number and State

EMAIL Address

Parent 2: (Name, Date of Birth, and Mailing Address)

Driver License Number and State

Parent 3: (Name, Date of Birth, and Mailing Address)

Driver License Number and State

Parent 4: (Name, Date of Birth, and Mailing Address)

Driver License Number and State

Have been issued and possess a valid driver license and have selected a parent-taught driver education course, as approved and certified by the Department of Public Safety, From

(Name of company providing parent-taught driver education course)

Student: (Name, Date of Birth and Mailing Address)

I(we) and the student listed above fully understand and agree that:

- This affidavit does not constitute authorization for the student listed above to drive in lieu of possession of a valid Oklahoma instruction permit or driver license, nor is it a substitute for insurance verification.
- Any vehicle used for parent-taught driver education will comply with Oklahoma law regarding registration(47 O.S. Chapter 74), insurance (47 O.S. Chapter 7) and safety and equipment requirements (47 O.S. Chapters 12 and 13).
- The accepted copy of this affidavit must be carried in the vehicle during any behind-the-wheel session of parent-taught driver education and must be presented upon demand to any law enforcement officer or Department of Public Safety employee.
- No more than two(2) students and two(2) parent instructors shall occupy the vehicle during any behind-the-wheel session of parent-taught driver education.
- We will obey all state laws regarding the operation of a motor vehicle and all rules of the Department of Public Safety regarding parent-taught driver education.
- We will notify the Department of Public Safety immediately if any information in this affidavit changes.
- We hold harmless and free of liability the Department of Public Safety, its employees, and the State of Oklahoma.

Complete and mail this form to:

Oklahoma Department of Public Safety
Parent Taught
3600 Martin Luther King
PO Box 11415
Oklahoma City, OK 73136

Signature of Parent (1)

Signature of Parent (2)

Signature of Parent (3)

Signature of Parent (4)

Signature of Student

(For DPS Use Only)

Accepted: _____ Accepted By: _____ DPS Control #: _____

