



# Motorcycle Skill Test Certification

DEPARTMENT OF MOTOR VEHICLES  
Agency of Transportation

120 State Street  
Montpelier, Vermont 05603-0001  
802.828.2000  
888-99-VERMONT  
dmv.vermont.gov

<b>Name: Last</b>	<b>First</b>	<b>Middle</b>
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If applicable, list all former names exactly as they appeared on your previous licenses

<b>Mailing Address</b> (Address Where You Get Your Mail): <i>If PO or Private Box, also fill in "Physical Address" below.</i>	City:	State:	Zip:
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<b>Physical Address</b> (Address Where You Live) <i>NO PO or Private Box. Physical Address Will Be Printed On Your License.</i>	City:	State:	Zip:
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Above is a change to  Mailing address  Physical address | Above is a change of address for voting purposes:  Yes  No

Vermont License or Permit #	Date of Birth (mm/dd/yyyy):	Place of Birth (City, State & Country):
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Social Security Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Eye Color:	Height:	Weight:
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Phone Number:	Email address:
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I hereby affirm, under penalty of perjury, that the information on this form is true to the best of my knowledge. This declaration made under penalties of 23 VSA § 202 & § 4110. Submission of a false voter registration application is subject to the penalties of perjury as provided in 17 V.S.A. § 2011 and in 42 U.S.C. § 1973 gg – 10.

<b>Signature of Applicant</b>	<b>Date Signed</b>
X	

Signature of Parent or Guardian (if applicant is under 18). I hereby consent to the issuance of the license/permit. Junior Driver's License: I certify my son/daughter has received a minimum of 40 additional hours of practice behind the wheel with at least 10 being nighttime driving.

<b>Signature of Parent or Guardian</b>	<b>Date Signed</b>
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	

**Do Not Write Below This Line - Department Use Only**

ID# _____	<input type="checkbox"/> Print (270)	<input type="checkbox"/> NNL-Photo	SKILLS TEST (84)	
Issue Date _____	<input type="checkbox"/> Name Change (231)	ADD: <input type="checkbox"/> 1-M (Senior w/Mtc.) <input type="checkbox"/> 3-M (Junior w/Mtc.) <input type="checkbox"/> 1-A (Type I SB w/Mtc.) <input type="checkbox"/> 1-B (Type II SB w/Mtc.) <input type="checkbox"/> Y (3-Wheel Mtc.only)	MTC END (71)	
Void Date _____	<input type="checkbox"/> Mailing Address (232)		Rep LIC (23)	
Rater #: _____	<input type="checkbox"/> Physical Address (233)		Rep CDL (65)	
	<input type="checkbox"/> Misc. Change (231) POB EYE HT WGT <input type="checkbox"/> 234 <input type="checkbox"/> DOC LOC ONLY		<b>Total</b>	

<b>TEMPORARY LICENSE:</b>	<input type="checkbox"/> Driver <input type="checkbox"/> Junior	<b>ENDORSEMENT:</b>	<input type="checkbox"/> Motorcycle <input type="checkbox"/> School Bus II
		<b>RESTRICTION #</b>	_____

**VOID THIRTY (30) DAYS FROM DATE OF ISSUE**

This certifies that the person whose name appears on this certificate has been licensed to operate motor vehicles in accordance with the provisions of the laws of the State of Vermont until the expiration date shown thereon unless suspended or revoked.

<b>Examiner - Authorized Agent</b> _____	<b>Date of Issue</b> _____
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