

**AGREEMENT OF FINANCIAL LIABILITY - IC 9-24-9-3, 4, 5**  
*(To be used if applicant is under 18 years of age)*

Notice: If the applicant is under the age of 18, the following statement must be signed and sworn to or affirmed (*before a person authorized to administer oaths*) by the father or mother or guardian having custody. In the event neither parent is living within the state and the applicant has no guardian, this statement may be signed by the person having custody of the applicant or by an employer of said applicant and in the event there is no parent, guardian, or employer, then by any other responsible person willing to assume the obligations imposed by this statement.

\_\_\_\_\_ (*herein minor*)  
 has applied for a driver license or a learner permit.

\* The undersigned **AFFIANT** hereby agrees to be responsible, jointly \* and severally with the **MINOR** for any injury of damages which said **MINOR** may cause, by reason of operation of a motor vehicle, in such cases as the **MINOR** is found to be liable for such injuries or damages. The assumption of liability by the **AFFIANT** shall terminate upon the **MINOR'S** eighteenth birthday or emancipation .

I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury.

Name of affiant	
Address of affiant	
Relationship to applicant	
<input type="checkbox"/> Parent with custody <input type="checkbox"/> Person with custody <input type="checkbox"/> Employer <input type="checkbox"/> Guardian with custody <input type="checkbox"/> Other ( <i>specify</i> ) _____	
STATE OF INDIANA	
COUNTY OF _____ } Subscribed and sworn to before me this ____ day of _____, _____.	
Signature of Notary Public	Date Commission expires
Printed or typed name of Notary Public	County of residence