

**WYOMING HIGHWAY PATROL
RESTRICTED DRIVER'S LICENSE INVESTIGATION
INSURANCE VERIFICATION**

THIS DOCUMENT IS NOT PROOF OF INSURANCE AS REQUIRED BY W.S. 31-4-103(b)

MAKE ADDITIONAL COPIES AS NECESSARY

The purpose of this form is to verify that the parents, guardians, or employer of (Name of Child)

_____ Date of Birth _____ have contacted this insurance company to verify that the child is eligible for coverage as a "restricted licensee" and not an "instructional licensee" (i.e. the child will be driving alone without a licensed adult driver in the vehicle beside them) **This form is not intended as proof of insurance**, but rather to verify the child is eligible for coverage if the license is issued and the applicant has been made aware of any fees or increased premiums.

Signature (Agent) _____ Date: _____

Representing (Insurance Carrier) _____

Telephone Number _____