



**TEEN ELECTRONIC EVENT NOTIFICATION SERVICE (TEENS)
ENROLLMENT AND CONSENT**

As the Parent/legal guardian of:

Young Driver's Name _____

Client Identification Number (License 'ID' #) _____

Birth Date ____ / ____ / ____



I request enrollment in the Teen Electronic Event Notification Service. I understand that notification extends only to Convictions, Suspensions, Revocations and Reportable Accidents that appear on the young driver's license record. I also understand that notifications end after the young driver reaches 18 years of age.

Parent/guardian Name _____

Parent/guardian Client Identification Number (License 'ID' #) _____

Relationship to Young Driver, named above _____

Parent/guardian Signature  _____

Date ____ / ____ / ____

- Notifications will be mailed to the 'Mailing Address' on the parent/guardian's license record.
- This form must be completed and submitted for each parent/guardian that wishes to be notified.

Please mail the completed form to:

Office for the Younger Driver
NYS Department of Motor Vehicles
6 Empire State Plaza
Albany, NY 12228