



Department of
Children's Services

Tennessee Department of Children's Services State of
**Tennessee Photo Identification
Justification Affidavit**

I, the undersigned, make oath in due form of law that:

Full Name of Applicant Including First, Middle, and Last Name

with date of birth _____ is in the legal custody of the State of Tennessee
Month/Day/Year

Department of Children's Services, or receiving services under the Department of Children's Services Bright Futures Program or Juvenile Justice Programs, and hereby makes application for *(check applicable box)*:

- ☐ Issuance ☐ Renewal ☐ Reinstatement
of a *(check applicable box)*:
☐ Driver's License
☐ Instruction Permit
☐ Intermediate Driver's License
☐ Photo Identification Card

A youth in DCS custody may be accompanied at the Drivers Services Center by a DCS case worker, provider case worker or foster parent.

I further understand that a photo identification license is not valid for the operation of a motor vehicle.

I certify that the residential address for this applicant is:

Residential Street Address (No Post Office Boxes)

City

State

Zip Code

DCS Representative Signature

Title

Employee ID Number

Subscribed and affirmed, before me this _____ day of _____ 20_____.

NOTARY PUBLIC OR EXAMINER

NOTARY SEAL HERE

My commission expires the _____ day of _____ 20_____.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

CS-1007, Rev. 6/25