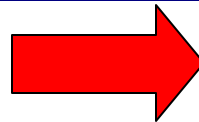


print applicant's name and permit number in ink

Date	Location of practice (highway, residential area, etc.)	Time of day	Weather conditions	Time spent	Initials of supervising adult

Enter total practice hours here. This form may be photocopied if space for additional entries is required.



**I hereby certify that _____ ,
who bears instruction permit # _____ , has completed a minimum
of 30 hours of behind-the-wheel driving practice and is sufficiently prepared and able
to safely operate a motor vehicle. I understand that all of the said 30 hours must have
been conducted under the supervision of an adult 21 years of age or older, who has
been licensed to drive for at least one year. Under penalty of perjury, I swear or affirm
that all information submitted herein by me regarding this certification is true, correct
and complete.**

signature and driver's license number of parent or guardian

date