

New York State Department of Motor Vehicles STUDENT MV-285 ROSTER

(Please Print or Type)

Name of School	Contact Person					Dates course was offered:						Date certificates were issued:				
								From:	/	/	To:	1 1		1	,	
Address (Number and Street) City			State Zip Code			Telep	ohone Number (in	lude area code) Signature of Superi				ntendent o	r Princi	oal		
						,	,			•						
	Duplicate						Student's Clie	ent		Laborato	ry Hours					al Grade
Contificate No.		Last Name, First Name, Mid Address of Stud	ddle Initial and	e Initial and t Dat		h	ID Number	Pobine	the	Laborato				Total	Dakind the	eived
	and Date Issued	/ludioss of olda	CITE CITE				(if available) Whe	eel	Observation	Simulation	Range	Hour	s Hours	Wheel	Classroom
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						-										+
To knowingly make a false statement or conceal a material fact in this Student MV-285 Roston False statements are punishable under Section 210.45 of the Penal Code.							offense.	Ма	il co	mpleted	l roster t			artment o		/ehicles
False statemer	Code.										tica Processing Center					
•		,									IV-285/MV-278 07 Genesee Street					
<u> </u>	ite Number								Utic	Utica, NY 13501						
Signature of Approved MV-283 Lecture Teacher Instructor Certificate Number Date (If multiple Lecture Teachers are employed, only Lead Teacher Signs)									Telephone (315) 793-2615							