

# Driving Record

Name:	Projected Date for permanent license:
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Classroom Instruction Time completed {date}:                      {location}:	
Department of Public Safety Locations, addresses and phone numbers	Pros and Cons of obtaining temporary permit & permanent license at each location
1	
2	
3	

Driver's License Number:	Instructor Info:
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Drive Time	1	2	3	4	5	6	7	8	9	10
Technique	Basics Passing or other:	Intersec- tions or other:	Parking or other:	High- ways or other:	Parallel Parking or other:	Freeways or other:				
Date										
Time & {N =night D= day}										
Length										

Drive Time	11	12	13	14	15	16	17	18	19	20
Technique										
Date										
Time & {N =night D= day}										
Length										

Behind the Wheel Time completed:	Final Driving Test on:	Location of choice:
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