

Driving Record

| | |
|-------|---------------------------------------|
| Name: | Projected Date for permanent license: |
|-------|---------------------------------------|

| | |
|---|---|
| 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: |
|--------------------------|------------------|

| 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: |
|----------------------------------|------------------------|---------------------|