

Name:

## DEPARTMENT OF THE SECRETARY OF STATE BUREAU OF MOTOR VEHICLES

**DRIVING LOG** (Please print your information)

For more information go to <a href="http://www.maine.gov/sos/bmv/licenses/teendriver.html">http://www.maine.gov/sos/bmv/licenses/teendriver.html</a>

Date of Birth:

Mailing Address	:		Telephone Number:	
History Number	(from top left of	learner's permit above	date of birth):	
		total of at least 70 hou	CERTIFICATION OF DRIVING TIME  rs of practice is required. Ten hours of the total must be done after dark. rour permit for 6 months before you can apply for your road test.	
Date and Time	Number of Driving Hours	Number of After Dark Driving Hours	Supervising Driver's Name and Age	License Number of Supervising Driver

Date and Time	Number of	Number of After	Supervising Driver's Name and Age	License Number of			
	Driving Hours	Dark Driving Hours	, ,	Supervising Driver			
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TOTAL HOURS (	F PRACTICE DRIV	ING:	TOTAL HOURS OF NIGHT DRIVING:				
TOTAL HOURS OF PRACTICE DRIVING: TOTAL HOURS OF NIGHT DRIVING:  The parent, step-parent, guardian or spouse must certify the permittee's driving time. When the permittee has no parent, step-parent, guardian or spouse an							
employer may certify the driving time. <b>Please keep a copy of this log for your records.</b> Duplicate as necessary to show the fulfillment of your required hours.							
I hereby certify that the permittee named on this form has completed 70 hours of actual driving which included 10 hours of after dark driving.							
Print Name			Relationship	Relationship			
Signature			Date				
To be scheduled for your road test, send driving log to (Please <b>do not</b> mail any money or Learner's permit with driving log):							
Secretary of State, Bureau of Motor Vehicles, Examination Section, 29 State House Station, Augusta, ME 04333-0029 Tel: 624-9000 ext. 52119							
Falsification of this driving log is a Class E crime							