

BRC, 3WBRC, BRC 2 and ARC COMPLETION REPORT

MAIL OR FAX WITHIN 7 DAYS FROM COMPLETION OF COURSE TO:

BUREAU OF MOTOR VEHICLES, RIDER EDUCATION PROGRAM

29 STATE HOUSE STATION, AUGUSTA, ME 04333-0029

TEL# 624-9000 ext. 52128 FAX# 624-9158

SCHOOL NAME: _____ PHONE#: _____

SCHOOL LOCATION: _____ SCHOOL LICENSE#: _____

INSTRUCTOR(S): _____

COURSE START DATE: _____

COURSE END DATE: _____

	STUDENT NAME (List alphabetically)			D.O.B.	PHONE #	B R C	P e r m i t	I N C	B R A C R 2 C	CCC #
	LAST	FIRST	MI.							
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

I certify that each student has completed the course checked above and met all state requirements; BRC, 3WBRC, BRC2 or ARC.

I understand that knowingly supplying false information will result in the suspension or revocation of any license issued to me.

LICENSEE'S SIGNATURE: _____ Date: _____

NOTE: You must keep a copy of this report for your files.