

DRIVER EDUCATION COURSE COMPLETION REPORT

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

BUREAU OF MOTOR VEHICLES, DRIVER EDUCATION PROGRAM

29 STATE HOUSE STATION, AUGUSTA, ME 04333-0029

TEL: 624-9156

FAX: 624-9158

SCHOOL NAME: _____

TELEPHONE#: _____

SCHOOL LOCATION: _____

SCHOOL LICENSE#: _____

INSTRUCTOR(S) (Class A & B): _____

COURSE START DATE & TIME (a.m. or p.m.): _____

COURSE ENDING DATE: _____

#	STUDENT NAME: (List alphabetically)			D.O.B.	PHONE #	CCC #	PERMIT #
	LAST	FIRST	MI.				
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I certify that each student has completed 30 hours classroom instruction and 10 hours behind the wheel driving instruction.

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: A copy of this roster must be kept on file with the student record sheets.