

## MMSEC or BRC 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#: \_\_\_\_\_

SITE/RANGE LOCATION: \_\_\_\_\_

SITE/RANGE LICENSE#: \_\_\_\_\_

INSTRUCTOR(S): \_\_\_\_\_

COURSE START DATE: \_\_\_\_\_

COURSE ENDING DATE: \_\_\_\_\_

# OF COMPLETED STUDENTS: MMSEC (    ) BRC (    ) TOTAL (    )

1	STUDENT NAME (List alphabetically)			D.O.B.	PHONE #	M M S E C	B R C	W/O LENSES	WITH LENSES	CCC #	PERMIT #
	LAST	FIRST	MI.								
1								R20/ L20/	R20/ L20/		
2								R20/ L20/	R20/ L20/		
3								R20/ L20/	R20/ L20/		
4								R20/ L20/	R20/ L20/		
5								R20/ L20/	R20/ L20/		
6								R20/ L20/	R20/ L20/		
7								R20/ L20/	R20/ L20/		
8								R20/ L20/	R20/ L20/		
9								R20/ L20/	R20/ L20/		
10								R20/ L20/	R20/ L20/		
11								R20/ L20/	R20/ L20/		
12								R20/ L20/	R20/ L20/		
13								R20/ L20/	R20/ L20/		
14								R20/ L20/	R20/ L20/		
15								R20/ L20/	R20/ L20/		
16								R20/ L20/	R20/ L20/		
17								R20/ L20/	R20/ L20/		
18								R20/ L20/	R20/ L20/		
19								R20/ L20/	R20/ L20/		
20								R20/ L20/	R20/ L20/		
21								R20/ L20/	R20/ L20/		
22								R20/ L20/	R20/ L20/		
23								R20/ L20/	R20/ L20/		
24								R20/ L20/	R20/ L20/		

I certify that each student has completed 8 hours classroom (MMSEC), or 5 hours classroom and 10 hours range instruction (BRC).

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 roster for your files.