

COMMERCIAL VEHICLE DRIVER ED COURSE COMPLETION REPORT

BUREAU OF MOTOR VEHICLES, DRIVER EDUCATION PROGRAM
29 STATE HOUSE STATION, AUGUSTA, ME 04333-0029
TEL: 624-9000 ext. 52128 Email: Driver.Education@Maine.gov

Class A Class B H end. P end. S end.

SCHOOL NAME: _____ TELEPHONE# _____

SCHOOL LOCATION: _____ SCHOOL LICENSE# _____

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

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

COURSE ENDING DATE: _____ # OF UNFINISHED STUDENTS: _____

	STUDENT NAME: (List alphabetically)			D.O.B.	PHONE #	Completion Date
	LAST	FIRST	MI.			
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I certify that each student has completed the required hours of classroom, range, and behind the wheel 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 report must be kept on file with the student record sheets.