BRC, 3WBRC, and BRC 2 COMPLETION REPORT

SUBMIT A COPY WITHIN 7 DAYS OF 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 EMAIL: Driver.Education@Maine.gov

SCHOOL NAME:	PHONE#:								
SCHOOL LOCATION:	SCHOOL LICENSE#:								
INSTRUCTOR(S):									
COURSE START DATE:									
COURSE END DATE:	# OF UNFINISHED STUDENTS:								
STUDENT NAME (List alphabetically) LAST FIRST MI.	D.O.B.	PHONE #	B R C	3 W B R C	P e r m i t	I N C	B R C	CCC# and eCourse Cert. #	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
···									
12									
I certify that each student has completed the course checke							RC.		

I understand that knowingly supplying false information will result in the suspension or revocation of any license issued to me. Students who did not complete their eCourse have 30 days from the completion date on this report to provide verification of ecourse completion. CCC/BRC cards shall not be issued until such time.

LICENSEE'S SIGNATURE:	Date:
NOTE: You must keep a copy of this report for your files.	