

DRIVER EDUCATION NEW COURSE REPORT

THIS REPORT **MUST** BE FILED BY MAIL, FAX, OR EMAIL
AT LEAST **SEVEN DAYS** PRIOR TO START DATE OF COURSE TO:

BUREAU OF MOTOR VEHICLES, DRIVER 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: _____

SCHOOL LOCATION (As on your school license): _____

SCHOOL LICENSE # (As on your school license): _____

TELEPHONE #: _____

INSTRUCTORS INVOLVED IN THIS COURSE (Class A & B): _____

FOR INSTRUCTOR COURSES, CHECK APPROPRIATE BOX BELOW:

CLASS A INTRODUCTORY COURSE CLASS B INTRODUCTORY COURSE COMMERCIAL VEHICLE INTRODUCTORY COURSE

CLASS START DATE: _____

CLASS ENDING DATE: _____

Traditional classroom AAA Blended Course Zoom/distance learning

ANTICIPATED ENDING DATE OF COURSE: _____

(When all course requirements, 30 hours in the classroom and 10 hours behind the wheel instruction are completed.)

ENTER **DATES** AND **TIME** OF EACH CLASS ON THE TABLE BELOW:

(Cannot exceed 10 hours in a seven day period. This is not a calendar week, i.e. if your course starts on Wednesday, your seven day period ends the following Tuesday, etc.)

MONDAY date/time	TUESDAY date/time	WEDNESDAY date/time	THURSDAY date/time	FRIDAY date/time	SATURDAY date/time	SUNDAY date/time
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NOTE: You MUST notify us of any changes in your schedule, including cancellations, prior to the change.

LICENSEE'S SIGNATURE: _____

DATE: _____

STUDENT ROSTER

STUDENT NAME: (List alphabetically)			D.O.B.	PHONE #
LAST	FIRST	MI		
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