

## 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: \_\_\_\_\_

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

**NOTE: You MUST notify us of any changes in your schedule, including cancellations, prior to the change.**

LICENSEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_