

SUPERVISED DRIVING PRACTICE CERTIFICATE

Applicant Name (first, middle, last, suffix)		Date of Birth
☐ I certify that the applicant has completed at least 30 hours of supervised driving practice , including at least 10 hours at night (for graduated driver license, Class G).		
☐ I certify that the applicant has completed at least 30 hours of supervised motorcycle riding practice (for motorcycle license, Class M).		
Check both to certify for a graduated driver license with a motorcycle endorsement.		
Parent or Guardian Name (first, middle, last, suffix)	Parent or Guardian Signature	
Acknowledged before me this date. Notary or MVD Agent Signature		
Date	County	State Commission Expires