Please photocopy log sheets as necessary.

# 45-Hour Driving Log

Total Daytime Safe Driving Practice Hours _____ Total Nighttime Safe Driving Practice Hours _____

| Date | Skills Practiced | Total Daytime Minutes | Total Nighttime Minutes | Total Minutes | Parent/ Guardian Initials | Comments |
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I certify that _____ has completed 45 hours of guided practice, 15 of which were after sunset. It is illegal for anyone to give false information in connection with obtaining a driver's license. This certification is considered part of the driver's license application, and anyone who certifies to a false statement may be prosecuted. I certify that the statements made and the information submitted by me regarding this certification are true and correct.

_____ _____ _____

Parent/Foster Parent/Guardian's signature Date Parent/Gaurdian's Driver's License or DMV-issued identification number