

DEPARTMENT OF VEHICLE & DRIVERS' LICENSING

PART 1 STUDENT DRIVING INSTRUCTIONS STUDENT (Section A)

NAME OF STUDENT:			
DATE OF BIRTH:			
LEARNERS LICENCE NO:			
DATE OF FIRST INSTRUCTIONS:			(DD/MM/YY)
TOTAL HOURS WITH QUALIFIED DRIVING INSTRUCTOR:			(HOURS)
SIGNATURE of STUDENT:			

CONFIRMATION (Section B)

I, (_____) hereby certify that the above-mentioned student has satisfactorily completed the qualified driving instructions.

(Signature of Instructor)

Instructor's No #:			
Date:			

FOR OFFICIAL USE ONLY

Name of Driving Examiner: _____

Signature: _____

Date of test: _____

Time of test: _____

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