TEEN DRIVING EXPERIENCE LOG

Name:			
DATE	DAY TIME HOURS	NIGHT TIME HOURS	TOTAL HOURS
	•		
I certify that my child has logged at least 50 ho	ours of practice driving (10 or more of the	ose hours at night) with a licensed of	lriver 21 years of age or older.
Parent or Guardian Signature:		-	
Date:			