ABC Driving Academy Student Driving Log

Name _____ **Permit No.** H01 _____ **DOB** _____

Note: 1)Date 2)Circle D forDay, N for Night 3)List drive time in"minutes"NOT"hours 4) Fill in Daytime, Nighttime, and Total Time Minute information 5)Parent Guardians signature required 6)Log needs to be notarized and submitted to instructor to receive Certificates

Date	Day/Night	Drive Time	Date	Day/Night	Drive Time	Date	Day/Night	Drive Time
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	
	D N			D N			D N	

I certify that this document is an accurate account of the practice driving hours for my son/daugther

_____ parent/legal guardian signature

_____ date

Daytime Minutes _____ (at least 2400 minutes)

Nighttime Minutes _____ (at least 600 minutes)

Total Minutes _____ (at least 3000 minutes)

STATE OF HAWAII
Department of Transportation

ACKNOWLEDGMENT OF PRACTICE DRIVING

STATE OF HAWAII, } SS.

_____COUNTY OF_____.

I, _____, do solemnly swear or affirm under penalty of perjury that I am a parent or legal guardian of _____(minor), and that based on my personal or otherwise reasonably obtained knowledge, said minor has completed forty hours of day-time driving, and ten hours of night-time driving, supervised by a licensed driver over the age of twenty-one.

Subscribed and sworn to before me this _____

day of _____, 20_____

_____ Signature of Parent/Guardian

_____

My commission expires:

HDOT 6/07