Parent/Teen Driving Log

Student's Name _____ Parent/Guardian's Signature _____

****Required: 45 hours (30 hrs. of Day & 15 hrs. of Night—after sunset)****

Date	Roads Driven	Day or Night?	Hours & minutes driven each time	Parent Initials

Total for this page: Day Hours _____ Night Hours _____

Date	Roads Driven	Day or Night?	Hours & minutes driven each time	Initials

Total for this page: Day Hours _____ Night Hours _____

Note: Driving log will be turned in when you pick up the temporary/provisional license. Your hours for day & nighttime driving must be totaled and listed below.

Final total all pages: _____ (day _____ & night _____)

I CERTIFY THAT _____ HAS COMPLETED 45 HOURS OF GUIDED PRACTICE, 15 OF WHICH WERE AFTER SUNSET.

_____ _____

PARENT/GUARDIAN'S SIGNATURE DATE