

Excel Driving School
Driving Log

Name _____ Address _____
 Birthdate _____ Permit # _____ School _____ Grade _____
 Phone _____

Driver Instructor _____ Phone _____
 Address 41-511 Inoa St. Waimanalo, HI 96795

FOR INSTRUCTOR ONLY _____
Blue Certificate #: _____

Keep track of your 50 hours Behind the Wheel driving of which 10 hours shall be driving at night. Drives shall be supervised by a licensed driver over the age of 21. A parent or guardian must have this form notarized then mailed to the driving instructor, along with a self addressed stamped envelope. DO NOT send by certified mail. Allow a minimum of 14 days to receive your BTW blue certificate BY MAIL for processing, otherwise an expedited fee of \$50 will apply.

Date	D/N	Hours	Total Hours	Date	D/N	Hours	Total Hours	Date	D/N	Hours	Total Hours

State of Hawaii
 Department of Transportation
ACKNOWLEDGEMENT OF PRACTICE DRIVING

STATE OF HAWAII, CITY AND COUNTY OF HONOLULU, I _____, do solemnly swear or affirm under penalty of perjury that I am the 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. _____

Parent or Guardian Signature

Subscribed and sworn to me this day of _____, 20_____.

 Notary Public, State of Hawaii

My commission expires: _____