

Student Full Name

## NH Department of Safety Division of Motor Vehicles 23 Hazen Drive Concord, NH 03305 (603) 227-4075

Director of Motor Vehicles

Telephone #:

## **Driver's Out-Of-Class Log Sheet**

Date of Birth: / /

Name of l	Driving	School A	ttending:							
NH Law requires a <i>minimum</i> of <b>40 hours</b> of practice driving with a licensed adult in addition to the Driver Education Program Certificate. At least <b>10 hours of the supervised driving time shall be completed during the period from ½ hour after sunset to ½ before sunrise</b> . We encourage you to practice as much as possible with your child. Please note that the law states that the driver must be at least 15 years and 6 months of age, and the licensed driver must be at least 25 years old.										
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Date	Time (AM/PM) Start / End		Cumulative Hours Daytime / Nighttime		Skill Practiced Ex: Highway, Parking, etc.	Parent/Guardian Initials				
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I certify that my child has received a minimum of 40 hours of practice driving with at least 10 of those hours taking place during the period from ½ hour after sunset to ½ before sunrise.										
Parent/Guardian Signature: Date:										
This authorization form is signed under penalty of unsworn falsification pursuant to RSA 641:3										

Date	Time (	(AM/PM) End	Cumulat Daytime	tive Hours / Nighttime	Skill Practiced Ex: Highway, Parking, etc.	Parent/Guardian Initials
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