SBTS-800
(Rev. 08/19)

North Carolina Division of Motor Vehicles
SCHOOL BUS & TRAFFIC SAFETY SECTION

# RESTRICTED INSTRUCTION PERMIT
## AND RECORD OF TIME AND LESSONS IN THE CAR

This permit is valid for use only for instruction by a CERTIFIED DRIVER EDUCATION TEACHER in a DRIVER EDUCATION CAR for students under the age of 18. Expires at End of Roadwork Session.

| LAST | FIRST | MIDDLE |
|---|---|---|
| | | |

| ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE | AGE (in years) |
|---|---|---|---|---|---|
| | | | | ( ) - | |

| BIRTHDATE | HEIGHT | COLOR HAIR | COLOR EYES |
|---|---|---|---|
| | | | |

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|---|---|
| Have you ever had a neurological (seizure, narcolepsy), musculoskeletal (impaired function, loss of limb), respiratory, cardiac (loss consciousness, blurred vision, shortness breath), diabetic condition, experienced problems with drugs, or intoxicating liquor or received treatment for substance abuse? | ☐ YES ☐ NO |
| If you answered **"YES"** to the above question, list problem and date of last occurrence. | |

Parent/guardian/lawful custodian: Does student have a degenerative condition? ☐ YES ☐ NO

I certify that I have read the above and that the information provided is true and correct to the best of knowledge and ability.

_____ **SIGNATURE OF STUDENT**

_____ **SIGNATURE OF PARENT/GUARDIAN/LAWFUL CUSTODIAN**

_____ **SIGNATURE OF PRINCIPAL/DRIVER EDUCATION INSTRUCTOR**

## N.C. DIVISION OF MOTOR VEHICLES USE ONLY

Eye Exam: PQS or L 20/ _____ R 20/_____ Corrective Lenses: ☐ Yes ☐ No Other: _____ D.L. 77 ISSUED ☐ YES ☐ NO

Notes_____

Date Issued: _____ Signature of DMV Rep. _____ DEPS/Rac-F #: _____

**CLASS**
Grade _____ Teacher: _____

**DRIVING**
Grade _____ Teacher: _____

## RECORD OF LESSONS IN THE CAR

| DATE | ODOMETER READING AT START | ODOMETER READING AT END | MILES DRIVEN | TIME BEHIND WHEEL AT START | TIME BEHIND WHEEL AT END | TIME BEHIND WHEEL MINUTES DRIVEN | TIME OBSERVING AT START | TIME OBSERVING AT END | TIME OBSERVING MINUTES OBSERVED | LESSON TAUGHT | Student Initial In Ink |
|---|---|---|---|---|---|---|---|---|---|---|---|
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The student above has received this instruction, at least 30 hours in the classroom or proficiency test AND at least **6 hours behind the wheel.**

Signature of Student: _____ Date: _____

*This form shall be kept on file for Three (3) years.*