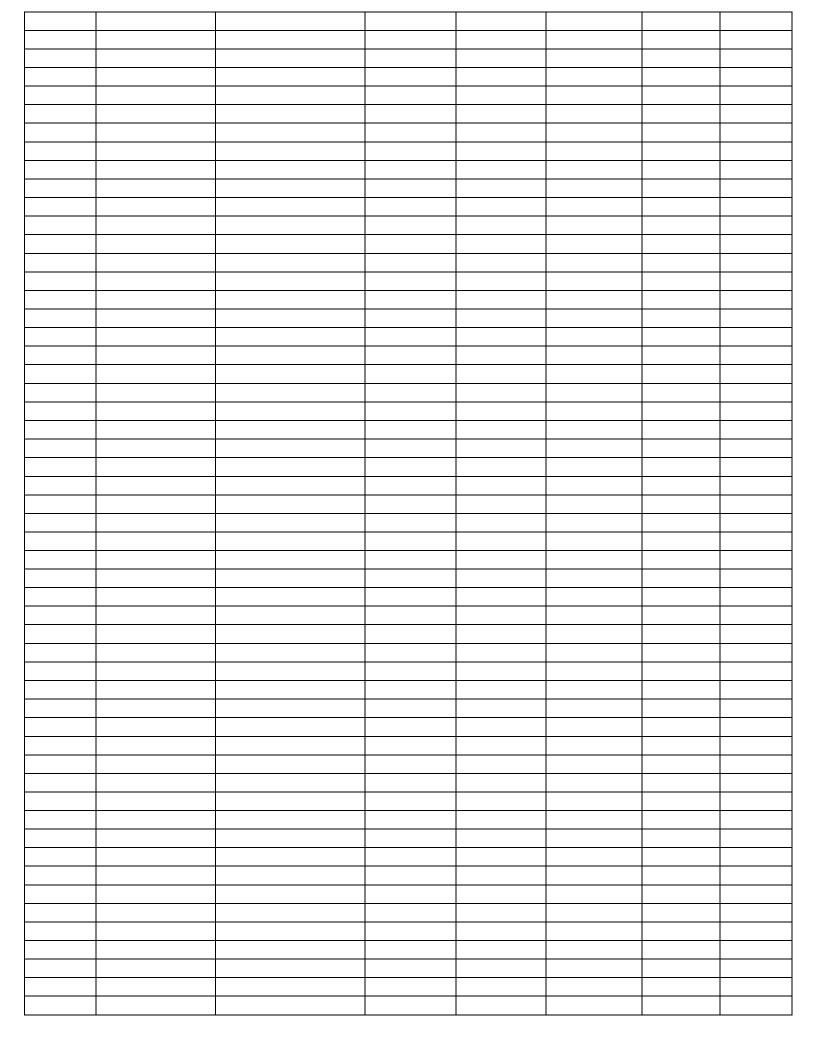
Accurate Driving – Driving Log & Affidavit

Cumulative Time

						Cumulative	
Date	Drive Description	Licensed Driver Name	Start Time	End Time	Net Time	Day	Night
							<u> </u>
							<u> </u>
	1					İ	l



Behind the Wheel Instructor Information:				
Name:				
Phone Number & Email:				
Mailing Address:		City:	State:	Zip:
	Sta	ate of Hawai'i		
	Departme	ent of Transportation		
AC	KNOWLEDGEN	MENT OF PRACTICE DRIVI	NG	
State Of Hawai'i, County Of Honolulu, I				,
(parent	t or guardian ful	ll name)		
do solemnly swear or affirm under penalty of p	perjury that I a	m a parent or legal guard	ian of :	
		and that	based on my perso	onal or otherwise
minor full name)				
reasonably obtained knowledge, said minor ha at night-time, supervised by a licensed driver w	-			-
signature of parent/guardian)		(minor permit number /	expiration date)	(minor date of birth)
Subscribed and sworn to before me this	day of			, 20
		<u>-</u>		
Notary Public, State of Hawai'i				

My commission expires: _____