Accurate Driving – Driving Log & Affidavit

						Cumulative Time	
Date	Drive Description	Licensed Driver Name	Start Time	End Time	Net Time	Day	Night

Behind the Wheel Instructor Information:

Name: _____

Phone Number & Email: _____

Mailing Address: _____City: _____State: _____Zip: _____

State of Hawai'i

Department of Transportation

ACKNOWLEDGEMENT OF PRACTICE DRIVING

State Of Hawai'i, County Of Honolulu, I _____,

(parent or guardian full name)

do solemnly swear or affirm under penalty of perjury that I am a parent or legal guardian of :

_____ and that based on my personal or otherwise

(minor full name)

reasonably obtained knowledge, said minor has completed fifty-hours of driving, of which a minimum of ten-hours were performed at night-time, supervised by a licensed driver who is at least 21 years of age and licensed to operate the same type of motor vehicle.

_____ _____/_____

(signature of parent/guardian) *(minor permit number / expiration date)* *(minor date of birth)*

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

_____

Notary Public, State of Hawai'i

My commission expires: _____