

Practice Driving Log

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

					Cumul	ative Time
Date	Drive Description :	Licensed Driver Name	Start Time	End Time	Day	Night



State of Hawaii

Department of Transportation

ACKNOWLEDGEMENT OF PRACTICE DRIVING

) SS.		
COUNTY OF KAUAI		
On this day of	, 20 I,	, do solemnly sw
or affirm under penalty of perjury that I an	n a parent or legal guardian of	(minor), and
that based on my personal or otherwise rea	sonably obtained knowledge, said mi	inor has completed forty hours of day-time driving, and ten
hours of night-time driving, supervised by	a licensed driver over the age of twen	nty-one.
Permit #:	Exp. Date:	Birth Date:
	_	
	Si	ignature of Parent
Printed Name		
Commission Expires:	_	