PRACTICE DRIVING LOG

Date of Driving	Amount of Driving Time	Parent/Guardian Initials

NIGHT DRIVING RECORD (10 hours mandatory)

Date of Driving	Amount of Driving Time	Parent/Guardian Initials

By signing below, I attest thathas completed 60 hours
Applicant

supervised driving experience, including at least 10 hours at night.

_____ _____

Parent/Guardian Signature **Date**

_____

KSP License Examiner