**DRIVER’S OUT-OF-CLASS LOG SHEET**

NH Department of Safety

Division of Motor Vehicles

23 Hazen Drive

Concord, NH 03305

(603) 227-4075

**Director of Motor Vehicles**

Student Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: / /

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Driving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NH Law requires a ***minimum*** of **40 hours** of practice driving with a licensed adult in addition to the Driver Education Program Certificate. At least **10 hours of the supervised driving time shall be completed during the period from ½ hour after sunset to ½ before sunrise**. We encourage you to practice as much as possible with your child. Pleasenote that the law states that the driver must be at least 15 years and 6 months of age, and the licensed driver must be at least 25 years old.

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time (AM/PM)**  **Start / End** | | **Cumulative Hours**  **Daytime / Nighttime** | | **Skill Practiced**  **Ex: Highway, Parking, etc.** | **Parent/Guardian**  **Initials** |
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| **Total Time this page:** | | |  | | | |
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I certify that my child has received a minimum of 40 hours of practice driving with at least 10 of those hours taking place during the period from ½ hour after sunset to ½ before sunrise.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This authorization form is signed under penalty of unsworn falsification pursuant to RSA 641:3**

DSMV 509 (Rev/10)