**LOG OF SUPERVISED DRIVING PRACTICE**

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State Form 54706 (R3/6-15)

INDIANA BUREAU OF MOTOR VEHICLES

Instructions: 1. Complete in blue or black ink or print form.

1. Completed hours/minutes must be entered on the approved log(s). Multiple logs may be completed and attached, if necessary.
2. Must present completed log(s) upon application for license.

**SECTION 1. DRIVING LOG**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Driver Name (last, first, middle initial) |  |  |  |  | Driver’s License Number (DLN) |  |
|  |  |  |  |  |  |  |  |
| **Bioptic Drivers Only** – Please Check Here: | (Bioptic drivers are not required to drive at night.) |  |
| **DATE** | **Drive Time Hours/Minutes** |  |  |  | **DATE** | **Drive Time Hours/Minutes** |
| **(mm/dd/yy)** | **DAY** | **NIGHT** |  |  |  |  |  | **(mm/dd/yy)** | **DAY** | **NIGHT** |
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|  | Driver Name (last, first, middle initial) | Driver’s License Number (DLN) |
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| **DATE** | **Drive Time Hours/Minutes** |  |
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| **(mm/dd/yy)** |  |  |  |
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| **DATE** | **Drive Time Hours/Minutes** |
| **(mm/dd/yy)** |  |  |
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**SECTION 2. AFFIRMATION AND SIGNATURE**

I certify that the driver names above has completed fifty (50) hours of supervised driving practice, ten (10) of which included nighttime driving practice, with:

* A licensed driver education instructor who was working under the direction of a drive training school;
* A certified driver rehabilitation specialist recognized by the bureau who is employed through a driver rehabilitation program;
* A validly licensed driver at least twenty-five (25) years of age who is related by blood, marriage or legal status; Or
* A validly licensed driver at least twenty-one (21) years of age who is the spouse of the driver.

Applicants under eighteen (18) years of age must have a parent or guardian sign below. If eighteen (18) years of age or older, only the drive must sign below.

I swear or affirm that the information entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury.

|  |  |  |
| --- | --- | --- |
| Signature of Parent or Legal Guardian (if Applicant is under eighteen (18) years of age) | Printed Name | Date (mm/dd/yyyy) |
|  |  |  |
| Signature of Applicant |  | Date (mm/dd/yyyy) |
|  |  |  |