

DRIVER EDUCATION/BEHIND-THE-WHEEL TRAINING (DE/DT) COMPLETION CERTIFICATE LOG

| CHECK (1) APPROPRIATE BOX | | |
|---------------------------|-----------|--|
| DL 387 | DL 387A | |
| DL 387B | DL 387C | |
| DL 387D | ☐ DL 387E | |
| DL 388A | ☐ DL 388B | |
| DL 388C | DL 118 | |
| SECONDARY SCHOOL NAME | | |
| | | |
| CDS NUMBER (IF AVAILABLE) | | |
| | | |
| SCHOOL I.D. NUMBER | | |
| | | |

Each DE/DT Completion Certificate must be logged when issued.

| This record must a | | | |
|---|---|--------------------------------|-----------------------------|
| DE/DT COMPLETION CERTIFICATE CONTROL NUMBER Please list completion certificates in sequential order | STUDENT'S FULL NAME AND ADI (Use 2 lines if necessary) | DRESS STUDENT'S BIRTHDATE | DATE STUDENT LICENSE NUMBER |
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| I certify (or declare) under pe correct. | nalty of perjury under the laws o | f the State of California that | the foregoing is true and |
| The signatory must be the or | owner, officer, administrator or orized signatory. | principal of the school. A | n instructor, secretary or |
| PRINT NAME | SIGNATURE X | TITLE | DATE |

THIS FORM MAY BE DUPLICATED

Voided and/or mutilated completion certificates, and notification of lost or stolen completion certificates must be mailed to:

Department of Motor Vehicles
Occupational Licensing Branch, MS L224
P. O. Box 932342
Sacramento, CA 94232-3420