STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

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

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

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

This record must agree with the individual student's training record.

DE/DT COMPLETION CERTIFICATE CONTROL NUMBER Please list completion certificates in sequential order	STUDENT'S FULL NAME AND ADDRESS (Use 2 lines if necessary)	STUDENT'S BIRTHDATE	DATE ISSUED	STUDENT LICENSE NUMBER

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

The signatory must be the owner, officer, administrator or principal of the school. An instructor, secretary or representative is not an authorized signatory.

PRINT NAME	SIGNATURE	TITLE	DATE
	X		

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

Print Clear Form