LOG OF SUPERVISED DRIVING PRACTICE

State Form 54706 (6-11)
INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS: *1. Complete in blue or black ink or print form.*
2. Must present completed form upon application for license.
3. Please attach additional sheets as necessary.

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 *(mm/dd/yyyy)*	Drive Time Hours/Minutes DAY	NIGHT	DATE *(mm/dd/yyyy)*	Drive Time Hours/Minutes DAY	NIGHT

SECTION 2. AFFIRMATION AND SIGNATURE

I certify that the driver above has completed fifty (50) hours of supervised driving practice, ten (10) of which included nighttime driving practice, with a licensed instructor or driver at least twenty-five (25) years of age, or twenty-one (21) years of age if the spouse of the driver. (Applicants eighteen (18) years of age and older do not need parent or guardian signature.)

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

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

Signature of Driver *(if Driver is eighteen (18) years of age or older)*	Date (*mm/dd/yyyy*)