PRACTICE DRIVING LOG

Date of Driving	Amount of Driving Time	Parent/Guardian Initials

NIGHT DRIVING RECORD (10 hours mandatory)

Date of Driving	Amount of Driving Time	Parent/Guardian Initials

By signing below, I attest that _____ has completed 60 hours
Applicant

supervised driving experience, including at least 10 hours at night.

_____ _____
Parent/Guardian Signature **Date**

_____
KSP License Examiner