

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
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