| J. | Column | 2 | J |
|----|--------|----|---|
| w | Column | .3 | · |

| Date | Time of Day | Skills Practiced | Driving Environment | Practice Duration | Initials of Provider |
|--|---|------------------|------------------------|----------------------|-------------------------|
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| Total Practice Time of Column 3: | | | | | |
| Combined Practice Time of Columns 1 & 2: | | | | | |
| Total Practice Time of Any Additional Sheets: | | | | | |
| GR | GRAND TOTAL OF PRACTICE TIME (Columns 1, 2 and 3) | | | | |

Download the FREE RoadReady mobile app to track your driving experience together and to keep safety tips top of mind. The latest addition to *The Parent's Supervised Driving Program* offers parents and teens an easy, educational and convenient way to log the required supervised driving time with the click of a button.

- Track your time
- Learn safe driving practices
- Track driving conditions
- View driving summaries
- Download your driving log
- Know your goals
- Receive parental pointers
- Reach your goals
- Identify areas of improvement
- Track your teen's progress





If using the RoadReady App it is not necessary to use this form. Be sure to print the RoadReady log sheet and bring with you to the road test appointment for verification of driving hours.

Download at bit.ly/RoadReadyVT or use the QR code above



Department of Motor Vehicles 120 State Street Montpelier, Vermont 05603 802.828.2000

DRIVING PRACTICE LOG SHEET

| Name: | Last | First | Middle | | | |
|--|---|-------------------------|--------------------------------|--|--|--|
| | | | | | | |
| | | | | | | |
| Mailing | Address (Street, Road o | r PO Box): | City: | | | |
| | | | | | | |
| Date of | Birth: | Learner's Permit Number | r: Date Permit Issued: | | | |
| | | | | | | |
| | | | | | | |
| | ♦ ТО ВЕ СОМР | LETED BY THE PARE | NT OR GUARDIAN ♥ | | | |
| | best of your knowl driving offenses? | edge, has your child ev | er been convicted of any motor | | | |
| ☐ Yes | TC (\$7 | icate what offense(s): | | | | |
| ☐ No | | | | | | |
| Do you certify that your child has received a minimum of 40 additional hours of practice behind the wheel, with at least 10 hours being nighttime driving? (Nighttime driving is defined as driving during the period of 30 minutes after sunset, to 30 minutes before sunrise.) | | | | | | |
| ☐ Yes If 'No', the applicant is not eligible for a Junior Driver's License until s/he has completed the required driving practice. | | | | | | |
| Statements and warrants herein are certified under penalty of 23 VSA §202 and §203. | | | | | | |
| Printed Name of Parent/Guardian | | | Parent/Guardian License # | | | |
| | | | | | | |
| Signature of Parent/Guardian | | | Date Signed | | | |
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This form must be submitted to the Department of Motor Vehicles at the time of application for a Junior Driver's License. It is very important that you do not lose this Log Sheet. As driving practice takes place, the authorized individual who provided the driving practice must fill in the fields in columns 1, 2 and 3 with the appropriate information and initial the form. The **grand total** of the practice time **must be logged on Page 4** of this form. You may attach additional sheets if necessary.

VN-210 2M 07/2019 MTC

| SAMPLE LOG SHEET ENTRY: | | | | | | |
|-------------------------|------------|-------------|----------------|---------|-------|--|
| 07/04/12 | 10:00 a.m. | Hill Starts | City - Daytime | 30 min. | J.F.K | |
| ♥ Column 1 ♥ | | | | | | |

| | | ♥ Column 1 | Ψ | | |
|----------------------------------|---------|------------------|-------------|----------|-------------|
| Date | Time of | Skills Practiced | Driving | Practice | Initials of |
| | Day | ~ | Environment | Duration | Provider |
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| Total Practice Time of Column 1: | | | | | |
| D 0 | | | | | |

♥ Column 2 ♥

| Date | Time | | Skills Practiced | Driving | Practice | Initials of |
|---|------|---|------------------|-------------|----------|-------------|
| | Day | y | | Environment | Duration | Provider |
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| You may attach Total Practice Time of Column 2: | | | | | | |
| additional sheets if necessary. Total Practice Time of Column 1: | | | | | | |
| Combined Practice Time of Columns 1 & 2: | | | | | | |

Page 2