



# LOG OF SUPERVISED DRIVING PRACTICE

State Form 54706 (R3/6-15)

INDIANA BUREAU OF MOTOR VEHICLES

Instructions:

- 1. Complete in blue or black ink or print form.
- 2. Completed hours/minutes must be entered on the approved log(s). Multiple logs may be completed and attached, if necessary.
- 3. Must present completed log(s) upon application for license.

## SECTION 1. DRIVING LOG

Driver Name (last, first, middle initial)	Driver's License Number (DLN)
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**Bioptic Drivers Only** – Please Check Here:  (Bioptic drivers are not required to drive at night.)

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

Driver Name (last, first, middle initial)			Driver's License Number (DLN)			
DATE (mm/dd/yy)	Drive Time Hours/Minutes			DATE (mm/dd/yy)	Drive Time Hours/Minutes	
	DAY	NIGHT			DAY	NIGHT

**SECTION 2. AFFIRMATION AND SIGNATURE**

I certify that the driver names above has completed fifty (50) hours of supervised driving practice, ten (10) of which included nighttime driving practice, with:

- A licensed driver education instructor who was working under the direction of a drive training school;
- A certified driver rehabilitation specialist recognized by the bureau who is employed through a driver rehabilitation program;
- A validly licensed driver at least twenty-five (25) years of age who is related by blood, marriage or legal status;

Or

- A validly licensed driver at least twenty-one (21) years of age who is the spouse of the driver.

Applicants under eighteen (18) years of age must have a parent or guardian sign below. If eighteen (18) years of age or older, only the drive must sign below.

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

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