



TRAFFIC SAFETY SCHOOL COMPLETION NOTICE

Student Name: _____

Student Address

Street address City State - Zip

Driver License Number _____ Date of Birth _____

- A. I have traffic violations pending during my enrollment in this course.
 YES NO
- B. The court is reducing or dismissing my ticket upon completion of traffic school.
 YES NO
- C. I have completed a traffic safety course for credit within the past 12 month period.
 YES NO
- D. Number of traffic violations in the past 12 months _____

I hereby certify all statements on this form are true.

I agree and understand that:

1. No demerit points may be deleted from or credited to my demerit record if my enrollment is in conjunction with a plea agreement or was a condition of sentencing, or if there are more than 11 demerits on my drive record;
2. I will not be eligible for the deletion of demerit points and may not otherwise receive credit for completing a traffic safety course if I received credit for a course within the past 12-month period.

DATE _____

STUDENT'S SIGNATURE _____

TO BE COMPLETED BY SCHOOL OFFICIAL:

SCHOOL NAME: _____ SCHOOL LICENSE # _____

COURSE ATTENDED **TRAFFIC SAFETY COURSE**

HOURS OF INSTRUCTION 5 DATE COMPLETED _____

TEST SCORE _____

INSTRUCTOR'S NAME _____

INSTRUCTOR'S SIGNATURE _____

Mail form to: Department of Motor Vehicles, Central Services and Records Division, 555 Wright Way, Carson City, NV 89711, Attention: Data Integrity. (For Demerit Points Reduction) For courts: Give to the student.