



Since 1977

CERTIFICATE OF COMPLETION

This certificate certifies that the named person has successfully completed a
DTA PROGRAM FOR DRIVER IMPROVEMENT



Course approved by the Florida Department of Highway Safety and Motor Vehicles

COURSE TIME: ____ 4hr ____ 8hr(IDI) ____ 8hr (Aggressive) ____ 8hr (suspension)

Citation/Case No: _____ Circuit Court No: _____ County: _____

Attendance: (reason other than election)

Court Order

Volunteer

COURSE PROVIDER
1-800-222-9199

DRIVER TRAINING ASSOCIATES, INC

NAME: _____
FIRST MI LAST

John Birmingham
President

In Person Class

Drivers License No: _____ Completion Date: _____
Mo. Day Yr.

School Official:

Address: _____

Contact Phone: _____

Instructor's Signature: _____



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