



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

Sharon Worthington

President

In Person Class

Drivers License No: _____ Completion Date: _____

Mo.

Day

Yr.

School Official: _____

Address: _____

Contact Phone: _____

Instructor's Signature: _____



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