



## CERTIFICATE OF COMPLETION

This certifies validates that the named person has successfully completed a  
**DTA STUDENT TRAFFIC OFFENDER PROGRAM (STOP)**  
AN UNDER 25 YOUTHFUL OFFENDER COURSE



**Certificate  
Number:**

COURSE TIME: \_\_\_\_\_ 4hr \_\_\_\_\_ 6hr \_\_\_\_\_ 8hr

Citation/Case No: \_\_\_\_\_ Court: \_\_\_\_\_ County: \_\_\_\_\_

Attendance: (reason other than election) \_\_\_\_\_ Court Order ☐ Volunteer ☐ Ticket/Citation ☐

**NAME:** \_\_\_\_\_  
FIRST MI LAST

Drivers License No: \_\_\_\_\_ Completion Date: \_\_\_\_\_ *In Person Class*

Instructor's Signature:

COURSE PROVIDER

**DRIVER TRAINING ASSOCIATES, INC.**  
1-800-222-9199

Instructor's School Name:

**Affordable Driving & Traffic School**  
(561) 969-0150



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