



## 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**

Tom Birmingham  
President

**In Person Class**

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

Drivers License No: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Mo. Day Yr.

School Official: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_



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