



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 ☐

NAME: _____
FIRST MI LAST

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

School Official: _____
Address: _____
Contact Phone: _____

COURSE PROVIDER

1-800-222-9199

DRIVER TRAINING ASSOCIATES, INC

John Birmingham
President

In Person Class

Instructor's Signature: _____



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