	DRIVER EDUCATION pe or print legibly in black ink)	CERTIFICATE	CONTROL NO.		
DRIVER EDUCATION COURSE EXCLUSIVELY FOR ADULTS					
☐ Driver Education Provider ☐ Private Sc☐ Public School ☐ Education Service Co	_	te (Original Control #)		
6 hour classroom course. Completion:/_	6 hour onli	ine course Completion:			
Has taken and passed the Class C-Road Rules a Please indicate Grade with a "P" for pass					
☐ Must take Class C-Road Rules and Class C-Roa☐ Must take vision examination at the Department of		ent of Public Safety.			
Name:, First	MI	Date of Birth://	Male Female		
I hereby certify that the person indicated has capproved by the Texas Department of Licensin		driver education course	exclusively for adults		
Signature of Driver Education Instructor	TDLR Number	Name of S	School		
Signature (or Signature Stamp) of Chief School Official	Driver Education School Number	Date i	Issued		
WARNING: Submitting this certificate to the Department of a crime and will be prosecuted. The adult driver educ misrepresentation by the applicant or person issuing the certificate to the Department of a criminal prosecution.	ation certificate is a government recor ertificate may result in suspension or revo	d as defined under Texas Pe ocation of instructor credentials	enal Code, §37.01(2). Any or program approval and/or		
If you have reason to believe that the minimum requirem	ents are not being met at this driving s	chool, please contact Texas D	epartment of Licensing and		

UNLAWFUL IF REPRODUCED OR ALTERED – INVALID IF TDLR SEAL IS NOT VISIBLE

ADEE-1317 (9-1-15)

	DRIVER EDUCATIO		CONTROL NO.		
DRIVER EDUCATION COURSE EXCLUSIVELY FOR ADULTS					
☐ Driver Education Provider ☐ Private Sc ☐ Public School ☐ Education Service C	_	cate (Original Control #)		
6 hour classroom course. Completion:/		online course Completion:			
Has taken and passed the Class C-Road Rules a Please indicate Grade with a "P" for pass					
☐ Must take Class C-Road Rules and Class C-Road ☐ Must take vision examination at the Department		rtment of Public Safety.			
Name:, First	MI	Date of Birth://	☐ Male ☐ Female		
I hereby certify that the person indicated has a approved by the Texas Department of Licensin		our driver education course o	exclusively for adults		
Signature of Driver Education Instructor	TDLR Number	Name of S	School		
Signature (or Signature Stamp) of Chief School Official	Driver Education School Number	er Date Is	ssued		
WARNING: Submitting this certificate to the Department of a crime and will be prosecuted. The adult driver educ misrepresentation by the applicant or person issuing the continual prosecution	ation certificate is a government re	cord as defined under Texas Pe	enal Code, §37.01(2). An		

If you have reason to believe that the minimum requirements are not being met at this driving school, please contact Texas Department of Licensing and Regulation, 920 Colorado St, Austin, TX 78701; or call (512) 463-6599. All complaints must be made in writing.

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ADEE-1317 (9-1-15)