DEPARTMENT OF THE SECRETARY OF STATE
BUREAU OF MOTOR VEHICLES
DRIVING LOG *(Please print your information)*
For more information go to http://www.maine.gov/sos/bmv/licenses/teendriver.html

Name: _____   Date of Birth: _____

Mailing Address: _____   Telephone Number: _____

History Number: _____

CERTIFICATION OF DRIVING TIME
A total of at least 70 hours of practice is required. Ten hours of the total must be done after dark.
You must hold your permit for 6 months before you can apply for your road test.

Date and Time	Number of Driving Hours	Number of After Dark Driving Hours	Supervising Driver's Name and Age	License Number of Supervising Driver

Date and Time	Number of Driving Hours	Number of After Dark Driving Hours	Supervising Driver's Name and Age	License Number of Supervising Driver

TOTAL HOURS OF PRACTICE DRIVING: **TOTAL HOURS OF NIGHT DRIVING:**

The parent, step-parent, guardian or spouse must certify the permittee's driving time. When the permittee has no parent, step-parent, guardian or spouse an employer may certify the driving time. **Please keep a copy of this log for your records.** Duplicate as necessary to show the fulfillment of your required hours.

I hereby certify that the permittee named on this form has completed 70 hours of actual driving which included 10 hours of after dark driving.

Print Name   Relationship

Signature   Date

To be scheduled for your road test, send driving log to *(Please **do not** mail any money or Learner's permit with driving log):*
Secretary of State, Bureau of Motor Vehicles, Examination Section , 29 State House Station, Augusta, ME 04333-0029 Tel: 624-9000 ext. 52119
Falsification of this driving log is a Class E crime

MVE-21 Rev. 3/14