

LOG OF SUPERVISED DRIVING PRACTICE

State Form 54706 (R4 / 7-17)
INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS:

- 1. Complete in blue or black ink or print form.
- Completed hours/minutes must be entered on the approved log(s). Multiple logs may be completed and attached, if necessary.
 Must present completed log(s) upon application for license.

SECTION 1. DRIVING LOG										
Driver Name (last, f	irst, middle initial)	Driver's	Driver's License Number (DLN)							
Bioptic Drivers Only - Please Check Here: [(Bioptic drivers are not required to drive at night.)										
	Drive Time Ho	ours / Minutes			Drive Time Hours / Minutes					
DATE (mm/dd/yyyy)	DAY	NIGHT		DATE (mm/dd/yyyy)	DAY	NIGHT				

CONTINUED ON BACK.

Driver Name (last, first, middle initial)				Driver's License Number (DLN)						
	Drive Time Hours / Minutes				Drive Time Hours / Minutes					
DATE				DATE						
(mm/dd/yyyy)	DAY	NIGHT		(mm/dd/yyyy)	DAY	NIGHT				
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SECTION 2 AE	FIRMATION AND S	ICNATURE								
		/e has completed fif	fty (50) hours	of supervised o	Iriving practice te	n (10) of which				
	ime driving practice		ty (ou) flour	or superviseu c	inving practice, to	11 (10) 01 Willon				
a licensed driver education instructor who was working under the direction of a driver training school;										
a certified driver rehabilitation specialist recognized by the bureau who is employed through a driver										
rehabilitation program;										
 a validly licensed driver at least twenty-five (25) years of age who is related by blood, marriage or legal status; a validly licensed driver at least twenty-five (25) years of age who is approved by Department of Child 										
Services; or										
a validly licensed driver at least twenty-one (21) years of age who is the spouse of the driver.										
Applicants und	er eighteen (18) vea	ars of age must have	e a parent or	quardian sign b	elow. If eighteen	(18) years of age				
	ne driver must sign			<u> </u>	- J	. , ,				
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I swear or affirm that the information entered on this form is true and correct. I understand that making a false										
statement may constitute the crime of perjury. Signature of Parent or Legal Guardian (if Applicant is under eighteen Printed Name				Date (mm/dd/yyyy)						
(18) years of age)	. ,,	-								
Signature of Applica	ant		<u>I</u>			Date (mm/dd/yyyy)				
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