



# South Carolina Department of Motor Vehicles

## Class D LOG of Classroom and Behind-the-Wheel

DI-42  
(Rev. 3/13)

Name of School: \_\_\_\_\_ Student Name: \_\_\_\_\_

DL / Permit#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Note: For **Graduated License** and/or **Insurance Discount**, there must be at least **Eight Hours Classroom** and **Six Hours of Behind-The-Wheel Training**.

The Certified Instructor and Student **must** sign this form **each time**.

| Date and Type of Training Class/BTW | Starting Time AM/PM | Ending Time AM/PM | Total Time | Odometer Beginning | Odometer Ending | TAG # | Signature of Instructor | Signature of Student |
|-------------------------------------|---------------------|-------------------|------------|--------------------|-----------------|-------|-------------------------|----------------------|
|                                     |                     |                   |            |                    |                 |       |                         |                      |
|                                     |                     |                   |            |                    |                 |       |                         |                      |
|                                     |                     |                   |            |                    |                 |       |                         |                      |
|                                     |                     |                   |            |                    |                 |       |                         |                      |
|                                     |                     |                   |            |                    |                 |       |                         |                      |
|                                     |                     |                   |            |                    |                 |       |                         |                      |

Hours Completed: Classroom \_\_\_\_\_ Behind-the-Wheel \_\_\_\_\_

Attested: \_\_\_\_\_  
INSTRUCTOR STUDENT

(90-175 Driver Training School Student Instruction Record)

SCDMV, Office of Inspector General, P.O. Box 1498, Blythewood, SC 29016-0015

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