

TRANSFER: Fill out the applicable items on the front of this certificate before proceeding. Indicate the number of hours successfully completed in the spaces below. If the number of hours is nine or less, place a zero in front of the single digit number. (For Example, if four hours were completed, enter as 04)

____ CLASSROOM ____ BEHIND-THE-WHEEL INSTRUCTION ____ IN-CAR OBSERVATION ____ SIMULATOR ____ MULTI-CAR

TRANSFERRING TO: _____
SCHOOL, ESC, COLLEGE, OR UNIVERSITY

The driver education teacher or program manager of the course in which the student was originally enrolled shall prepare this Texas Driver Education Certificate, and provide copies of the student's instruction records verifying the number of hours and curriculum completed. Mail or deliver the documents to the receiving chief official of the school or parent/guardian.

If you have reason to believe that the minimum requirements are not being met or to file any complaint related to the driver education program, you are encouraged to contact Texas Department of Licensing and Regulation, PO Box 12157, Austin, TX 78711; or call (512) 463-6599 or (800) 803-9202. (All complaints must be in writing. You may request anonymity.)

AFFIDAVIT: This portion of the Texas Driver Education Certificate is to be used only when it is impossible for the student to obtain the signature of the certified instructor of the driver education course because of the instructor leaving the school or death or serious illness. Fill out the front of this certificate showing work completed and the name(s) of the instructor(s).

This is to certify that the signature and driver's license number of the teacher, who would have verified completion of the driver education course

or the hours described hereon, could not be obtained because: _____
(Give specific reason why it is impossible for the actual instructor to sign)

I therefore affirm that the instruction described has been lawfully and satisfactorily completed as shown.

Signature _____
() Chief School Official
() ESC Director
() University Dept. Head
Country District Number _____
Date Issued _____

Sworn to and subscribed before me this _____ day of _____

Notary Public _____

SEAL

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