



555 Wright Way
Carson City, NV 8911
(877) 368-7828
www.dmvnv.com

TRAFFIC SAFETY SCHOOL COMPLETION NOTICE

Student Name _____

Student Address _____

Street address City State - Zip

Driver License Number: _____ Date of birth: _____

- A. I have traffic violations pending during my enrollment in this course.
☐ YES. ☐ NO.
- B. The court is reducing or dismissing my ticket upon completion of traffic school.
☐ YES. ☐ NO.
- C. I have completed a traffic safety course for credit within the past 12 month period.
☐ YES. ☐ NO.
- D. Number of traffic violations in the past 12 months: _____

I hereby certify all statements on this form are true.

I agree and understand that:

1. no demerit points may be deleted from or credited to my demerit record if my enrollment is in conjunction with a plea agreement or was a condition of sentencing, or if there are more than 11 demerits on my drive record;
2. I will not be eligible for the deletion of demerit points and may not otherwise receive credit for completing a traffic safety course if I received credit for a course within the past 12-month period.

DATE: _____

STUDENT'S SIGNATURE _____

TO BE COMPLETED BY SCHOOL OFFICIAL:


SCHOOL NAME Interactive Solutions LLC SCHOOL LICENSE # TSS000044702

COURSE ATTENDED DriversEd.com

HOURS OF INSTRUCTION 5 Hours DATE COMPLETED _____

TEST SCORE _____

INSTRUCTOR'S NAME Celia Stokes

INSTRUCTOR'S SIGNATURE 

Mail form to: Department of Motor Vehicles, Central Services and Records Division, 555 Wright Way, Carson City, Nevada 89711 , Attention: Data Integrity.