Beginning Driver Experience Log

Must be completed prior to drive test appointment

_____ Applicant's Name

_____ Instruction Permit or Restricted License No.

- **This log, and any additional sheets, must be completed in blue or black ink.**
- **No pencil or colored gel pens will be accepted**
- **Logs completed using military time will not be accepted.**

Please enter the date, start time/ end time, to include AM or PM. Enter the number of minutes during each drive session on a separate line.

Column A – Daytime Driving				Column B – Nighttime Driving			
Date	Time of Day Please indicate AM or PM Do not use military time Begin	End	Minutes	Date	Time of Day Please indicate AM or PM Do not use military time Begin	End	Minutes
08/09/07 EXAMPLE	6:00 am	8:00 am	120	8/10/07 EXAMPLE	8:00 pm	9:00 pm	60