

PRACTICE DRIVING LOG

	Date	Drive Description	Licensed Driver Name	Start Time	End Time	Net Time	Cumulative Time	
							Day	Night
1								
2								
3								
4								
5								
6								
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STATE OF HAWAII

Department of Transportation

ACKNOWLEDGMENT OF PRACTICE DRIVING

STATE OF HAWAII,

SS.

_____ COUNTY OF _____

I, _____, do solemnly swear or affirm under penalty of perjury that

I am a parent or legal guardian of _____ (minor), and that based on

my personal or otherwise reasonably obtained knowledge, said minor has completed forty hours of day-time driving,

and ten hours of night-time driving, supervised by a licensed driver over the age of twenty one.

Permit # _____ Exp. Date _____ Birth Date _____

Subscribed and sworn to before me this _____

Signature of Parent/Guardian

day of _____, 20_____

My commission expires:

