Name:

Practice log

			Start	End	Net	Cumulative Time	
Date	Drive Description	License Driver's Name	Time	Time	Time	Day(40 hrs)	Night (10 hrs)
Example							
10/5/2021	School-Pearl Ridge- Home	Dad	3p	5p	2	2	
11/1/2021	Home- Ala Moana	Mom	9a	1030a	1.5	3.5	
11/2/2021	Home to Waikiki	Dad	6p	8p	2		2
11/5/2021	School-Koolau Dmv- Home	brother	7p	830p	1.5		3.5

State of Hawaii
Department of Transportation
Acknowledgement of Practice Driving

State of Hawaii, County of Honolulu

I,_____, do solemnly swear of 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 40 hours of day-time driving, and 10 hours of night-time driving, supervised by a license driver over the age of twenty one.

Permit#:_____Exp Date:_____ Dob:_____

_____
Signature of Parent/Gurdian

Subcribed and sworn to before me this date: _____
mo/day/year

My commission expires:_____

_____ _____
Signature

Marlo Ocreto
Hawaii DOT Certified Instructor/Owner
EZ1 DRIVING, LLC
CELL: (808) 783-1906
website: ez1driving.com

Name:

Practice log

			Start	End	Net	Cumulative Time	
Date	Drive Description	Licensed Driver Name	Time	Time	Time	Day	Night