



- CHECK (1) APPROPRIATE BOX
- DL 387 DL 387A
 DL 387B DL 387C
 DL 387D DL 387E
 DL 388A DL 388B
 DL 388C DL 118

DRIVER EDUCATION/BEHIND-THE-WHEEL TRAINING (DE/DT) COMPLETION CERTIFICATE LOG

SECONDARY SCHOOL NAME _____

CDS NUMBER (IF AVAILABLE) _____

SCHOOL I.D. NUMBER _____

Each DE/DT Completion Certificate must be logged when issued.

This record must agree with the individual student's training record.

DE/DT COMPLETION CERTIFICATE CONTROL NUMBER <small>Please list completion certificates in sequential order</small>	STUDENT'S FULL NAME AND ADDRESS <small>(Use 2 lines if necessary)</small>	STUDENT'S BIRTHDATE	DATE ISSUED	STUDENT LICENSE NUMBER

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

The signatory must be the owner, officer, administrator or principal of the school. An instructor, secretary or representative is not an authorized signatory.

PRINT NAME	SIGNATURE X	TITLE	DATE
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THIS FORM MAY BE DUPLICATED
 Voided and/or mutilated completion certificates, and notification of lost or stolen completion certificates must be mailed to:
 Department of Motor Vehicles
 Occupational Licensing Branch, MS L224
 P. O. Box 932342
 Sacramento, CA 94232-3420