



South Carolina Department of Motor Vehicles

Name of School: _____

Student Name: _____

DL / Permit#: _____

D.O.B.: _____

LOG of Classroom and Behind-the-Wheel

Note: For **Graduated License** and/or **Insurance Discount**, there must be at least **Eight Hours Classroom** and **Six Hours of Behind-The-Wheel Training**.

The Certified Instructor and Student **must** sign this form **each time**.

Date and Type of Training Class/BTW	Starting Time AM/PM	Ending Time AM/PM	Total Time	Odometer Beginning	Odometer Ending	TAG #	Signature of Instructor	Signature of Student

Hours Completed: Classroom _____ Behind-the-Wheel _____ Attested: _____
INSTRUCTOR STUDENT

(90-175 Driver Training School Student Instruction Record)

SCDMV
Driver Improvement
P.O. Box 1498
Blythewood, SC 29016-1498