



South Carolina Department of Motor Vehicles

Class D LOG of Classroom and Behind-the-Wheel

DI-42
(Rev. 3/13)

Name of School: _____ Student Name: _____

DL / Permit#: _____ D.O.B.: _____

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, Office of Inspector General, P.O. Box 1498, Blythewood, SC 29016-0015

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