Big Horn County School Dist.#2 BOCES
Driver Education, Program # 17
P O Box 596, Lovell WY 82431 307-548-6466

CERTIFICATION: 20-Hour DRIVE LOG with Parent

Name _____ Permit Number _____

Month/day/year	Begin Time (am/pm)	End Time (am/pm)	Parent Signature

Total Night Driving Hours: _____ **Total Drive Hours:** _____

I, _____ , legal parent / guardian of the above named minor, do hereby certify that the above information is true and correct.

_____ _____

Date Signature