

Field Services Division Reno/Sparks/Carson City (775) 684-4DMV (4368) Las Vegas Area (702) 486-4DMV (4368) Rural Nevada (877) 368-7828

> Fax: (775) 684-4992 Website: www.dmvnv.com

Beginning Driver Experience Log - NRS 483.2521

Must be completed prior to arriving for the drive test appointment

	Applicant's Name	Instruction Permit	or Restricted License No.					
1.	1. Beginning drivers under 18 years of age must complete 50 hours (3,000 minutes) of supervised driving experience motor vehicle as a condition of receiving a full driver license. Ten hours (600 minutes) of this experience must completed in darkness. If applying for a motorcycle license only, all 50 hours must be completed during daylight hours motorcycle.							
2.	 There are three options for meeting the driver's education. Take a driver's education course at any locally. Take driver's education on-line with a DMV app. In rural areas where a driver course is no residence, and it is not possible for you to a complete 100 hours (6,000 minutes) of supercompleted in darkness. If applying for a motor hours on a motorcycle. 	offered and DMV approved school; proved school; or of offered within a 30-mile radius access the internet for a driver's ervised experience, 10 hours (600	s of the beginning driver's education class, you must minutes) of which must be					
3.	. Beginning drivers and their parent or guardian are required to keep a log of the dates and times of the supervise experience using the reverse side of this form. Please document your driving experience at each occurrence using blue black ink. No gel pens or pencil will be accepted. Use additional log sheets as necessary.							
4.	All completed log sheets and a Certificate of Comsubmitted prior to the driving skills test.	npletion of a driver education co	ourse (if required) must be					
Pa	arent/Legal Guardian Certification of Behind	I-The-Wheel Driver Experier	nce					
I, th	the undersigned, do hereby certify that I am the	, (Relationship	of the person named above,					
	d that he/she has completed the required number of hou ense, instruction permit or restricted permit issued pursua							
	Signature of Parent/Legal Guardian	License/ID Number	Date					
	Signature of Notary Public or Field Services Re	epresentative	Date					
	FOR DEPART	MENT USE ONLY						
Type of School Name of		chool	Date of Completion					
Pro	ofessional Driving School							
Pul	blic/Private School							
Cer	rtificate Number, if applicable							
	Certificatio	on Not Required						
Tra	ansfer valid license from: State Class	Expiration	on Date					
	ve in rural area where course is not offered. County/ City							
	, ,							

Signature of Field Service Representative ___

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- This log, and any additional sheets, must be completed in blue or black ink.
- No pencil or colored gel pens will be accepted
- Logs completed using military time will not be accepted.

Please enter the date, start time/ end time, to include AM or PM. Enter the number of minutes during each drive session on a separate line.

Column A – Daytime Driving Time of Day Date Please indicate AM or PM Do not use military time Begin End			Column B – Nighttime Dri Time of Day Date Please indicate AM or PM Do not use military time Begin End		ving Minutes		
08/09/07 EXAMPLE	6:00 am	8:00 am	120	8/10/07 EXAMPLE	8:00 pm	9:00 pm	60
					Sı	ubtotal Column B	
					Subtotal Column A		
				Minutes Subtotal from Additional Sheets			
				Total Minutes			
				Total Hours (Divide Total Minutes by 60)			/
	Subtotal Colur	nn A - Minutes			Grand Total	- Minutes/Hours	/