

LOG OF SUPERVISED DRIVING PRACTICE

State Form 54706 (R2 / 9-13)
INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS:

- 1. Complete in blue or black ink or print form.
- Must present completed form upon application for license.
 Hours completed must be entered on the approved log. Multiple logs may be completed and attached, if necessary.

SECTION 4 DRIVING LOC											
SECTION 1. DRIVING LOG Driver Name (Last, First, Middle Initial)				Driver's License Number (DLN)							
Bioptic Drivers Only - Please Check Here: (Bioptic drivers are not required to drive at night.)											
	Drive Time Ho	ours / Minutes			Drive Time Hours / Minutes						
DATE (mm/dd/yyyy)	DAY	NIGHT		DATE (mm/dd/yyyy)	DAY	NIGHT					
				_							

Driver Name (Last, I	Driver's Licen	Driver's License Number (DLN)							
	Drive Time H	ours / Minutes		_	Drive Time	Hours / Minutes			
DATE (mm/dd/yyyy)	DAY	NIGHT		DATE m/dd/yyyy)	DAY	NIGHT			
SECTION 2. AFFIR	MATION AND SIGNATU	RE							
I certify that the	driver named abov	e has completed fifty (
		e, with a licensed instru age if the spouse of th							
		ow. If eighteen (18) year							
I swear or affirm that the information entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury.									
	Parent or Legal Guardia		arent or Legal G ars of age)	uardian <i>(if Appli</i>	cant is under	Date (mm/dd/yyyy)			
Signature of Drive		Date (mm/dd/yyyy)							