Reset Form

LOG OF SUPERVISED DRIVING PRACTICE

State Form 54706 (R4 / 7-17)
INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS:
1. Complete in blue or black ink or print form.
2. Completed hours/minutes must be entered on the approved log(s). Multiple logs may be completed and attached, if necessary.
3. Must present completed log(s) upon application for license.

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.)*

DATE *(mm/dd/yyyy)*	Drive Time Hours / Minutes			DATE *(mm/dd/yyyy)*	Drive Time Hours / Minutes	
	DAY	NIGHT			DAY	NIGHT

CONTINUED ON BACK.

Driver Name (*last, first, middle initial*)	Driver's License Number (DLN)

DATE *(mm/dd/yyyy)*	Drive Time Hours / Minutes			DATE *(mm/dd/yyyy)*	Drive Time Hours / Minutes	
	DAY	NIGHT			DAY	NIGHT

SECTION 2. AFFIRMATION AND SIGNATURE

I certify that the driver named above has completed fifty (50) hours of supervised driving practice, ten (10) of which included nighttime driving practice, with:

- **a licensed driver education instructor who was working under the direction of a driver training school;**
- **a certified driver rehabilitation specialist recognized by the bureau who is employed through a driver rehabilitation program;**
- **a validly licensed driver at least twenty-five (25) years of age who is related by blood, marriage or legal status;**
- **a validly licensed driver at least twenty-five (25) years of age who is approved by Department of Child Services; or**
- **a validly licensed driver at least twenty-one (21) years of age who is the spouse of the driver.**

Applicants under eighteen (18) years of age must have a parent or guardian sign below. If eighteen (18) years of age or older, only the driver must sign below.

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.

Signature of Parent or Legal Guardian *(if Applicant is under eighteen (18) years of age)*	Printed Name	Date (*mm/dd/yyyy*)
Signature of Applicant		Date (*mm/dd/yyyy*)