Reset Form

LOG OF SUPERVISED DRIVING PRACTICE

State Form 54706 (R5 / 8-24)
INDIANA BUREAU OF MOTOR VEHICLES

This form is required by IC 9-24-3-2.5.

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*)