



Driver Education Certification Request Form



Registry of Motor Vehicles
Driver Education Certificate department
P.O. Box 55889
Boston, MA 02205-5889

Under the pains and penalties of perjury, I hereby confirm that the below named student(s) has satisfactorily completed all requirements of the Driver Education Program, including the classroom component, on-road component (consisting of both behind-the-wheel and observation requirements), and if applicable, a parent, guardian, or designee has attended the parent/guardian class. Such instruction was in accordance with all applicable statutes, regulations and guidelines set forth by the Registry of Motor Vehicles including, but not limited to, all specific curriculum requirements.

Please type or print

School Name: _____ School #: _____

Address _____ Telephone #: _____

Principal Administrator Name: _____

Signature: _____ Date: _____

Student Name (please type or print)	Permit/License Number	DOB	Course Completion Date

Continued on Reverse

Student Name (please type or print)	Permit/License Number	DOB	Course Completion
-------------------------------------	-----------------------	-----	-------------------

