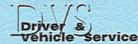


MINNESOTA DEPARTMENT OF PUBLIC SAFETY



DRIVER EDUCATION  
CERTIFICATE OF ENROLLMENT  
AND  
CLASSROOM COMPLETION



(Must be completed by a school official)  
ANY ALTERATION WILL VOID CARD

This is to certify that:

Student's Legal Name (first, middle, last)	
Student's Signature	Date of Birth (M / D / Y)

Has completed the classroom phase and is enrolled in a behind-the-wheel program licensed or approved by the Department of Public Safety.

Name of School		
Location (City)	MN	Zip Code
Name of Licensed or Approved Instructor		

If this student fails to continue or complete the behind-the-wheel phase of the curriculum, I will immediately notify the Office of Driver Education of the Minnesota Department of Public Safety.

I certify that the above information is true and correct.

Name of Authorized Signer (must be printed or typed)	Date Issued
Signature of Authorized Signer Only	

NOTE: MUST BE PRESENTED TO EXAM STAFF ALONG WITH PROPER IDENTIFICATION WHEN TAKING KNOWLEDGE TEST (see Minnesota Driver's Manual).

PS30352-13



Classroom

VOID