

MINNESOTA DEPARTMENT OF PUBLIC SAFETY



DRIVER EDUCATION
CERTIFICATE OF 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 a driver education course of classroom and behind-the-wheel instruction licensed or approved by the Department of Public Safety.

| | | |
|---|---------------------------|----------|
| Name of School | | |
| Location (City) | MN | Zip Code |
| Date of Course Completion (M / D / Y) | Instruction Permit Number | |
| Name of Licensed or Approved Instructor | | |

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 PRESENT THIS CARD, INSTRUCTION PERMIT, AND CURRENT PROOF OF INSURANCE TO EXAMINER AT TIME OF ROAD TEST.

PS30353-11



Behind the Wheel