KEKU'S
DRIVING ACADEMY LLC

95-390 Kuahelani Ave, #1B Mililani, HI 96789 (808)729-8415

SUPERVISED DRIVING LOG AND AFFIDAVIT

Name:_____ Date of Birth:_____

Permit Number:_____ Permit Expiration:_____

To receive a certificate of completion for Behind the Wheel training, student's parent/guardian must submit a notarized statement verifying the student completed forty hours of daytime and ten hours of night time supervised driving by a licensed driver over the age of twenty-one.

BTW CERTIFICATE #_____

DATE	DRIVE DESCRIPTION	LICENSED DRIVER'S NAME	START TIME	END TIME	CUMULATIVE TIME DAY	CUMULATIVE TIME NIGHT

DATE	**DRIVE DESCRIPTION**	**LICENSED DRIVER'S NAME**	**START TIME**	**END TIME**	**CUMULATIVE TIME DAY**	**CUMULATIVE TIME NIGHT**

STATE OF HAWAII

Department of Transportation
ACKNOWLEDGEMENT OF PRACTICE DRIVING
STATE OF HAWAII, COUNTY OF HONOLULU

I,_____ do solemnly swear or affirm under penalty of perjury that
(Parent or Guardian full name)
I am a parent or legal guardian of_____, and that based on my personal or otherwise reasonably obtained knowledge, said minor has completed forty hours of day-time driving, and ten hours of night-time driving, supervised by a licensed driver over the age of twenty- one.

_____ _____
(Student's permit number) (Student's date of birth)

Subscribed and sworn to me this _____ _____
(Signature of Parent/Guardian)

day of _____, 20____.

My commission expires: _____

_____