DRIVING SCHOOL VEHICLE MONTHLY LOG

School Name: _____ **School License Number:** _____ **Month/Year**: _____

Vehicle Information: _____

Year **Make** **Model** **Last Six Digits of Vehicle Identification Number**

Code for Type of Service Provided: 38 Hour Course (38), 14 Hour Course (14), 8 Hour BTW Only (8), TPT Road Skills Test (RST)

Service Code	**Date**	**Student Driver** *print name*	**Actual Beginning Time (AM/PM)**	**Actual Ending Time (AM/PM)**	**Actual Beginning Mileage**	**Actual Ending Mileage**	**Instructor Name** *print name*	Instructor Number

DPSMV2408

SUPPLEMENTAL

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