



**State of New Hampshire**  
 Department of Safety, Division of Motor Vehicles  
 Driver Education Section  
 23 Hazen Drive, Concord, NH 03305  
 (603) 227-4075

John J. Barthelmes  
 Commissioner of Safety

Director of Motor Vehicles

**COMMERCIAL SCHOOL MONTHLY REPORT**

School Name/SAU: \_\_\_\_\_ Classroom Address: \_\_\_\_\_

Name of Driver Educator (s): \_\_\_\_\_ Commercial School Name/License No: \_\_\_\_\_

STUDENT NAME (Last, First MI)	DOB	ADDRESS (Street, City, State & Zip)	TELEPHONE NUMBER	DRIVING HOURS	CERTIFICATE NUMBER	
					P/F/I/D	
					P/F/I/D	
					P/F/I/D	
					P/F/I/D	
					P/F/I/D	
					P/F/I/D	
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					P/F/I/D	
					P/F/I/D	
					P/F/I/D	
					P/F/I/D	
					P/F/I/D	
					P/F/I/D	

I certify that the above-listed persons COMPLETED the Driver Education Course in the above-named school during the month of: \_\_\_\_\_, year \_\_\_\_\_.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signed under penalty of unsworn falsification pursuant to RSA 641:3**

Student Name (Last, First MI)	DOB	ADDRESS (Street, City, State & Zip)	TELEPHONE NUMBER	DRIVING HOURS	CERTIFICATE NUMBER	
					P/F/D	
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					P/F/D	
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