



State of New Hampshire
 Department of Safety, Division of Motor Vehicles
 Driver Education Section
 10 Hazen Drive, Concord, NH 03305
 (603)271-2485

Richard M. Flynn
 Commissioner of Safety

Virginia C. Beecher
 Director of Motor Vehicles

COMMERCIAL SCHOOL MONTHLY REPORT

Date: _____ School Name: _____ License No.: _____

Classroom Address: _____ Tele. #: _____
Building Name/Room # Street City

NAME OF STUDENT (alphabetical - Last, First, MI)	DOB	ADDRESS (Street, City, State)	TELE.#	P/F	CERT #	# of Driving Hours Provided
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

*****USE OTHER SIDE FOR ADDITIONAL SPACE*****

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

Owner's Signature: _____ Date: _____
 Signed under penalty of unsworn falsification pursuant to RSA 641:3

CONTINUED FROM OTHER SIDE:

NAME OF STUDENT (alphabetical - Last, First, MI)	DOB	ADDRESS (Street, City, State)	TELE.#	P/F	CERT #	# of Driving Hours Provided
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						