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

DRIVER EDUCATION REIMBURSEMENT FORM

SCHOOL NAME:_____ SCHOOL DISTRICT: _____ SAU # _____

NAME OF DRIVER EDUCATION INSTRUCTOR(S): _____

TELE: _____ COURSE STARTED: _____, 20___ COURSE COMPLETED: _____, 20___

DEADLINES FOR FILING: First Semester: **Feb 15**, Second Semester: **June 20**, Summer School: **Sept 15**

NAME OF STUDENT (alphabetical - Last, First, MI)	DOB	ADDRESS (Street, City, State,)	TELE #	NH Resi-dent?	CERT #
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******USE OTHER SIDE FOR ADDITIONAL SPACE******

I certify that the above listed pupils have completed the Driver Education Course consisting of at least 30 hours of classroom education, 10 hours of driving and 6 hours of observation:

Signature of Superintendent
or designated Administrator: _____ Title: _____ Date: _____

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

TTD Access: Relay NH 1-800-735-2964

CONTINUED FROM OTHER SIDE:

NAME OF STUDENT (alphabetical - Last, First, MI)	DOB	ADDRESS (Street, City, State,)	TELE #	NH Resi-dent?	CERT #
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