





State of New Hampshire

NH Department of Safety Division of Motor Vehicles 23 Hazen Drive, Concord, NH 03305

Telephone: (603) 227-4000 TDD Access Relay NH 7-1-1



Certification of Additional Supervised Driving

Full Name of Driver: _____ Date of Birth: _____ Telephone #:____

Address	:					
minimum over the	m of 40 ho age of 25,	urs of p and that	ractice drivi	ng under the	ion program, an applicant under the age of 18 musupervision of a licensed parent, guardian, or a lisupervised driving time shall be completed duise.	censed adult
prior to t	aking a dri mied by a l	ver educicensed	cation course driver who	e, as long as t is at least 25 y	before applying for a driver license, which may in the driver is at least 15 years and 6 months of ago years old, pursuant to RSA 263:25.	
Date	Time (AM/PM) Start / End		Cumulative Hours Daytime / Nighttime		Skill Practiced Ex: Highway, Parking, etc.	Parent or Guardian Initials
Total T	Time this p	age:				
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CERTIFIC 10 of those	CATION O	F APPL	uring the peri	iod from ½ hou	ve completed a minimum of 40 hours of practice drivur after sunset to ½ before sunrise. This authorization RSA 641:3:	
ignature of Applicant:					Date:	
driving with	n at least 10	of those	hours taking	place during tl	y that the applicant has completed a minimum of 40 has period from ½ hour after sunset to ½ before sunristalsification pursuant to RSA 641:3:	
Signature	of Parent o	r Guardi	ian:		Date:	
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Date	Time (AM/PM) Start / End	Cumulative Hours Daytime / Nighttime	Skill Practiced Ex: Highway, Parking, etc.	Parent or Guardian Initials	
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Date	Time (AM/PM) Start / End	Cumulative Hours Daytime / Nighttime	Skill Practiced Ex: Highway, Parking, etc.	Parent or Guardian Initials
Total T	ime this page:		Please indicate total on front side	