Road test application and driving log

(Please print your information.)			
Your Name	Date of	² Birth	
Mailing Address			
City	State	Zip Code	
History Number			
I am requesting a road test for a Class C license.			

To be scheduled for your road test, complete this road test application and driving log and either scan and email it to Examinations.BMV@Maine.gov or detach and send it to:

Exam Unit, Bureau of Motor Vehicles 29 State House Station Augusta, Maine 04333

Please keep a copy of this log for your records.

Duplicate as necessary to show the fulfillment of your required hours.





Date & time	# of driving hours	# of night driving hours	Supervising driver's name and age	License number of supervising driver
TOTAL				





Date & time	# of driving hours	# of night driving hours	Supervising driver's name and age	License number of supervising driver
TOTAL				





Date & time	# of driving hours	# of night driving hours	Supervising driver's name and age	License number of supervising driver
TOTAL				





Date & time	# of driving hours	# of night driving hours	Supervising driver's name and age	License number of supervising driver
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TOTAL				





Date & time	# of driving hours	# of night driving hours	Supervising driver's name and age	License number of supervising driver
TOTAL				





Date & time	# of driving hours	# of night driving hours	Supervising driver's name and age	License number of supervising driver	
TOTAL					
GRAND TOTAL					
			'		
	ı	Falsification of	this log is a Class E crime.		
		Total hours	of practice driving:		
		Total hours of night driving:			
Certific	cation o	f drivinc	ı time		
The parent, st permitee has I hereby certi	tep-parent, guar no parent, step-	dian, or spouse r parent, guardian tee named on th	must certify the permitee's dri , or spouse, an employer may nis form has completed 70 hou	certify the driving time.	
Name	Name		Date of B	irth	
Relationship					
Signature					