Practice log for new drivers

Name _____ Address _____

Customer number/PIC _____ _____

Phone number _____

A minimum of 36 hours of practice is recommended.

Date	Driving time per session	Total cumulative driving time	Time of day	Weather conditions	Driving skills practiced	Supervisor initial
Total time in hours =						

Declaration: The information I have provided is both true and correct.

Signature of driver _____ Date _____