

DRIVE TIME LOG SHEET

Student's Name _____ **Permit Number** _____

DR 2324 (07/06/05)

COLORADO DEPARTMENT OF REVENUE

Date	Verifier's Initials	Driving Time	Night Driving
Comments:			
Date	Verifier's Initials	Driving Time	Night Driving
Comments:			
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Comments:			
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Date	Verifier's Initials	Driving Time	Night Driving
Comments:			
Date	Verifier's Initials	Driving Time	Night Driving
Comments:			
Totals:	Driving Time Minimum of 50 Hours	Night Driving Minimum of 10 Hours	

By signing below, I certify that the above total hours of driving experience is true and accurate.

Signed _____ **Date** _____