

Michigan Department of State
 Driver Programs Division
 Driver Education Section
 Lansing, MI 48918
 Phone: 517-241-6850

PROGRAM COMPLETION DATA

Year
Program Number

Instructions: Complete the form and submit it to the Driver Programs Division no later than TEN days after the program ends.

Name of Provider	Provider Number P 0 0 0 _ _ _	Driver Education Code _ _ _
Students in this program were administered knowledge tests with the following unique identifier numbers		

CERTIFICATION: I certify the students listed below successfully completed a (check one) Segment 1 _____ Segment 2 _____ driver education program and were issued the Certificates of Completion as indicated. The program was held at _____

from _____ to _____.

Begin Date	End Date	Signature of Owner/Designated Representative/Coordinator	Date
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	Certificate Number Issued	Name			Address			Date of Birth		
		(Last)	(First)	(Middle)	(Street)	(City)	(Zip Code)	Month	Day	Year
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

