

DATE	DRIVE DESCRIPTION	LICENSED DRIVER'S NAME	START TIME	END TIME	CUMULATIVE TIME DAY	CUMULATIVE TIME NIGHT

STATE OF HAWAII
Department of Transportation
ACKNOWLEDGEMENT OF PRACTICE DRIVING
STATE OF HAWAII, COUNTY OF HONOLULU

I, _____ do solemnly swear or affirm under penalty of perjury that
(Parent or Guardian full name)
I am a parent or legal guardian of _____, and that based on my personal or otherwise reasonably obtained knowledge, said minor has completed forty hours of day-time driving, and ten hours of night-time driving, supervised by a licensed driver over the age of twenty- one.

_____ (Student's permit number)

_____ (Student's date of birth)

Subscribed and sworn to me this _____ day of _____, 20_____.

_____ (Signature of Parent/Guardian)

My commission expires: _____