www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

## Virginia Driver Training
# MONTHLY SCHOOL TRAINING COMPLETION REPORT

**Purpose:** Use this form to document each student's completion of a driver training course.
**Instruction:** Type or print in ink to complete this form. Send to the Commercial Licensing Work Center at above address by the 10th of the following month.

| GENERAL INFORMATION | | | |
|---|---|---|---|
| SCHOOL NAME | | SCHOOL CODE | TRAINING MONTH BEGIN DATE (mm/dd/yyyy) |
| REPORT DATE (mm/dd/yyyy) | PREPARER NAME (print) | | TRAINING MONTH END DATE (mm/dd/yyyy |

| STUDENT TRAINING INFORMATION | | | | | |
|---|---|---|---|---|---|
| **CUSTOMER NUMBER** | **STUDENT NAME** (last, first, mi) | **CLASS ROOM** | **IN CAR** | **BOTH** | **CERTIFICATE #** |
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## CERTIFICATION

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

| SCHOOL OWNER/BUSINESS MANAGER NAME (print) | SCHOOL OWNER/BUSINESS MANAGER SIGNATURE | DATE (mm/dd/yyyy) |
|---|---|---|
| | | |