Beginning Driver Experience Log
Must be completed prior to drive test appointment

____________________________________ Applicant's Name

____________________________________ Instruction Permit or Restricted License No.

- **This log, and any additional sheets, must be completed in blue or black ink.**
- **No pencil or colored gel pens will be accepted**
- **Logs completed using military time will not be accepted.**

Please enter the date, start time/ end time, to include AM or PM. Enter the number of minutes during each drive session on a separate line.

Column A – Daytime Driving				Column B – Nighttime Driving			
Date	Time of Day Please indicate AM or PM Do not use military time		Minutes	Date	Time of Day Please indicate AM or PM Do not use military time		Minutes
	Begin	End			Begin	End	
08/09/07 EXAMPLE	6:00 am	8:00 am	120	8/10/07 EXAMPLE	8:00 pm	9:00 pm	60
				Subtotal Column B			
				Subtotal Column A			
				Minutes Subtotal from Additional Sheets			
				Total Minutes			
				Total Hours (Divide Total Minutes by 60)			/
Subtotal Column A - Minutes				Grand Total - Minutes/Hours			/