

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 and file this form to the Department of State no later than TEN days after the program ends.

Name of School	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

	Certificate Number Issued	Name			Address			Date of Birth		
		(Last)	(First)	(Middle)	(Street)	(City)	(Zip Code)	Month	Day	Year
1										
2										
3										
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10										
11										
12										
13										
14										
15										
16										

PROGRAM COMPLETION DATA

	Certificate Number Issued	Name			Address			Date of Birth		
		(Last)	(First)	(Middle)	(Street)	(City)	(Zip Code)	Month	Day	Year
17										
18										
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36										

REPLACEMENTS

Certificate Number		Program Attended	Name	Address
New	Old			