

Practice Driving Log

WWW.HDIHAWAII.COM

488-0001

HAWAII DRIVING INSTITUTE

Email: Ron@hdihawaii.com

1188 Bishop St., Ste 1710 Honolulu 96813

	Date	Drive Description	Licensed Driver Name	Start Time	End Time	Net Time	Cumulative Time	
							Day	Night
1								
2								
3								
4								
5								
6								
7								
8								
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26								

**STATE OF HAWAII
Department of Transportation**

ACKNOWLEDGMENT OF PRACTICE DRIVING

STATE OF HAWAII,

SS.

_____ COUNTY OF _____

I, _____, do solemnly swear or affirm under penalty of perjury that I am a parent or legal guardian of _____ (minor), 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.

Permit # _____ Exp. Date _____ Birth Date _____

Subscribed and sworn to before me this _____

day of _____, 20_____

Signature of Parent/Guardian

My commission expires:

