



Robert L. Quinn
Commissioner of Safety

State of New Hampshire
NH Department of Safety
Division of Motor Vehicles
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John C. Marasco
Director of Motor Vehicles

Certification of Additional Supervised Driving

Full Name of Driver: _____ Date of Birth: _____ Telephone #: _____
Address: _____

NH Law requires that in addition to a Driver Education program, an applicant under the age of 18 must complete a *minimum* of **40 hours** of practice driving under the supervision of a licensed parent, guardian, or a licensed adult over the age of 25, and that *at least 10 hours of the supervised driving time shall be completed during the period from ½ hour after sunset to ½ before sunrise.*

We encourage practice driving as much as possible before applying for a driver license, which may include the time prior to taking a driver education course, as long as the driver is at least 15 years and 6 months of age, and is accompanied by a licensed driver who is at least 25 years old, pursuant to RSA 263:25.

You may utilize the log below and on the reverse side to keep track of the driving hours.

Date	Time (AM/PM) Start / End	Cumulative Hours Daytime / Nighttime	Skill Practiced Ex: Highway, Parking, etc.	Parent or Guardian Initials
Total Time this page:			Please use reverse side if more space is needed.	
Total Time back page:				
Total Time Logged:				

CERTIFICATION OF APPLICANT: I certify that I have completed a minimum of 40 hours of practice driving with at least 10 of those hours taking place during the period from ½ hour after sunset to ½ before sunrise. **This authorization form is signed under penalty of unsworn falsification pursuant to RSA 641:3:**

Signature of Applicant: _____ Date: _____

CERTIFICATION OF PARENT/GUARDIAN: I certify that the applicant has completed a minimum of 40 hours supervised driving with at least 10 of those hours taking place during the period from ½ hour after sunset to ½ before sunrise. **This authorization form is signed under penalty of unsworn falsification pursuant to RSA 641:3:**

Signature of Parent or Guardian: _____ Date: _____

