



## Driver Education Certification Request Form

Registry of Motor Vehicles  
 Driver Education Certificate department  
 P.O. Box 55889 • Boston, MA 02205-5889

Under the pains and penalties of perjury, I hereby confirm that the below named student(s) has satisfactorily completed all requirements of the Driver Education Program, including the classroom component, on-road component (consisting of both behind-the-wheel and observation requirements), and if applicable, a parent, guardian, or designee has attended the parent/guardian class at the below named driving school. Such instruction was in accordance with all applicable statutes, regulations and guidelines set forth by the Registry of Motor Vehicles including, but not limited to, all specific curriculum requirements.

*Please type or print*

School Name: \_\_\_\_\_ School #: \_\_\_\_\_

Address \_\_\_\_\_ Telephone #: \_\_\_\_\_

Authorized Administrator Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Proprietor, Director, or Officer)

Student Name (please type or print)	Permit/License Number	DOB	Course Start Date	Course Completion Date

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