FIELD SERVICES 2701 S. DIRKSEN PKWY. SPRINGFIELD, IL 62723 217-782-7044 www.cyberdriveillinois.com

## 50 HOUR CERTIFICATION / UNDER AGE 18 APPLICANT

I hereby c	ertify that		Applicant's Name		<b>,</b>	
with Permit Number			has had a minimum of 50 hours of behind-the-wheel driving			
	at least 10 or more of those hours at ni			afely operate a mo	tor vehicle. The 50	
,	in addition to the required hours that r	- ,		•		
	must be spent with someone age 21 o					
	ral guardian, I am providing written con			•		
	the consent at any time prior to the app				_	
	bmitted by me regarding this certificati			y, I Swear or armin	Tende de ene mior	
illation sui	bilitted by the regarding this tertificati	on is true and con	iect.			
Si	ignature and Driver's License Number of Parent, L	Responsible Adult	esponsible Adult Date			
	ring chart may be used to record the 50 the appropriate box below.	) hours of driving p	practice. Please designate "I	O" (daytime hours)	or "N" (nighttime	
Date	Location of practice (e.g., highway, residential area)	Day or Night	Weather conditions	Time spent*	Initials of adult	
				+	+	

<sup>\*</sup> Total time spent practicing must equal a MINIMUM OF 50 HOURS.

Date	Location of practice (e.g., highway, residential area)	Day or Night	Weather conditions	Time spent*	Initials of adul
					+

<sup>\*</sup> Total time spent practicing must equal a MINIMUM OF 50 HOURS.