



Beginning Driver Experience Log NRS 483.2521

Must be completed prior to arriving for the drive test appointment

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	Applicant's Name	Instruction	Permit or Restricted License No.							
1.	in a motor vehicle as a condition of receiving a full	eginning drivers under 18 years of age must complete 50 hours (3,000 minutes) of supervised driving experience a motor vehicle as a condition of receiving a full driver license. Ten hours (600 minutes) of this experience must completed in darkness. If applying for a motorcycle license only, all 50 hours must be completed during daylight ours on a motorcycle.								
2.	There are three options for meeting the driver's edu	•								
	 Take a driver's education course at any locally offered and DMV approved school; Take driver's education on-line with a DMV approved school; or 									
	 lake driver's education on-line with a DMV In rural areas where a driver course is residence, and it is not possible for you must complete 100 hours (6,000 minutes must be completed in darkness. If applying during daylight hours on a motorcycle. 	not offered within a 30-mil ou to access the internet for s) of supervised experience	for a driver's education class, you ce, 10 hours (600 minutes) of which							
3.	experience using the reverse side of this form. Plea	reginning drivers and their parent or guardian are required to keep a log of the dates and times of the supervised xperience using the reverse side of this form. Please document your driving experience at each occurrence using lue or black ink. No gel pens or pencil will be accepted. Use additional log sheets as necessary.								
4.	All completed log sheets and a Certificate of Cobe submitted prior to the driving skills test.	ompletion of a driver educ	cation course (if required) must							
I,	rarent/Legal Guardian Certification of the undersigned, do hereby certify that I am the and that he/she has completed the required number of cense, instruction permit, or restricted permit issued	Relationship of hours of behind-the-whee	of the person named above, el driving experience with a restricted							
	Signature of Parent/Legal Guardian	License/ID Number	Date							
	Signature of Notary Public or Field Servi	rices Representative	Date							
		ARTMENT USE ONLY Name of School	Date of Completion							
	Professional Driving School	Name of School	Date of Completion							
			.							
	Public/Private School		-							
	Certificate Number, if applicableCertifica	ation Not Required								
	ransfer valid license from: State Class		Expiration Date							
Li	ive in rural area where course is not offered. County	y/City								

Signatures must be originals. Photocopies are not acceptable. Changes may not be made to this form once it is signed.

Date

Signature of Field Service Representative ____

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- This log, and any additional sheets, must be completed in blue or black ink.
- No pencil or colored gel pens will be accepted
- Logs completed using military time will not be accepted.

Please enter the date, start time/ end time, to include AM or PM. Enter the number of minutes during each drive session on a separate line.

each drive s	ession on a sep Column A- Da		a	Column B – Nighttime Driving			
Date	Time of Day Please indicate AM or PM Do not use military time		Minutes	Date	Time of Day Please indicate AM or PM Do not use military time		Minutes
	Begin	End			Begin	End	
01/17/23 EXAMPLE	6:00 am	8:00 am	120	01/17/23 EXAMPLE	8:00 pm	9:00 pm	60
						ubtotal Column B	
					Subtotal Column A		
			Minutes Subtotal from Additional Sheets				
						Total Minutes	
				Total Hours (Divide Total Minutes by 60)			/
	Subtotal Colur	mn A Minutes			Grand To	tal Minutes/Hours	/