Virginia Department of Motor Vehicles Post Office Box 27412 Richmond, Virginia 23269-0001 www.dmv. virginia.gov

Escort Vehicle Driver TRAIN-THE-TRAINER CLASS ROSTER

Purpose: Use this form to document the attendance at an Escort Vehicle Driver Train-the-Trainer class.

Instructions: Type or print in ink. Total the number of attendees and sign the certification. Maintain completed form in the business files.

	DRIVERS OBS	ERVED RECORD			
FULL LEGAL NAME	BIRTH DATE	DRIVER LICENSE NUMBER	ISSUE STATE	BUSINESS AFFILIATION	TITLE
MAILING ADDRESS	TELE	PHONE NUMBER EMAIL			COMPLETION DATE
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MAILING ADDRESS	TELE	EPHONE NUMBER EMAIL			COMPLETION DATE
By signing this document, I certify that I am an instructor and a 8-hour Escort Vehicle Driver Train-the-Trainer class on the da cancellation or termination of the site's and the instructor's cer I further certify and affirm that all information presented on this documentation is true and accurate. I make this certification a	designated representative of the escort te and time indicated above. I understa tificate and the assessment of civil pen s form is true and correct, that any docu	and the submission of false or alties. Iments I have presented to DN	inaccurate infor IV are genuine,	mation on this attendance ros	ter may result in suspension, ded on all supporting
violation. INSTRUCTOR NAME (print)	INSTRUCTOR	R NAME (print)			DATE (mm/dd/yyyy)
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