

ESCORT VEHICLE DRIVER TRAINING SITE CLASSROOM INSTRUCTION ATTENDANCE ROSTER

Purpose: Use this form to document student attendance at the 8-hour Escort Vehicle Driver Training (EVDT) course.

Instructions: Type or print in black or blue ink. Total number of students and sign the certification statement. Authorized Extranet users must electronically submit this Classroom Instruction Attendance Roster, HP 17 to DMV within 24 hours of course completion. Maintain a copy of the roster in the EVDT site's files.

| GENERAL INFORMATION | | | | |
|---|-----------|-------------------|----------|------------------------------|
| EVDT SITE NAME | EVDT CODE | DATE (mm/dd/yyyy) | | |
| INSTRUCTOR FULL LEGAL NAME (print) (last) _____ (first) _____ (mi) (suffix) _____ | | SITE CODE | | |
| EVDT SITE ADDRESS | CITY | STATE | ZIP CODE | |
| CLASS DAY <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | | | | |
| OPERATION HOURS START TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM END TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | COMPLETION DATE (mm/dd/yyyy) |

| STUDENT INFORMATION | | | | |
|---|-------------|-----------------------------------|----------------------------|-------------|
| DRIVER'S LICENSE NUMBER (as it appears on the license) | ISSUE STATE | NAME (last, first, mi, suffix) | BIRTH DATE (mm/dd/yyyy) | REASON CODE |
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TOTAL NUMBER OF STUDENTS

| CERTIFICATION | | |
|---|-------------------------------|-------------------|
| By signing this document, I certify that I am an instructor and designated representative of the escort vehicle driver training site and that the person(s) named above attended and satisfactorily completed the 8-hour escort vehicle driver training course on the date and time indicated above. I understand the submission of false or inaccurate information on this attendance roster may result in suspension, cancellation or termination of the site's and instructor's certificate and the assessment of civil penalties. | | |
| I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation. | | |
| INSTRUCTOR NAME (print) _____ | INSTRUCTOR NAME (print) _____ | DATE (mm/dd/yyyy) |

INSTRUCTIONS

Escort Vehicle Driver Training (EVDT) sites are required to conduct 8 full hours of instruction, excluding meals and breaks, prior to the issuance of a certificate of completion.

EVDT Site Name: full name of the site as it appears on the DMV-issued certificate.

EVDT Code: DMV- assigned code as it appears on the DMV-issued certificate.

Date: date the form is completed.

Instructor Name: full legal name of instructor who conducted the instruction.

Site Code: DMV-assigned code for the site where the instruction was conducted.

EVDT Site Address: address of the training site location.

Class Day: day of the week the classroom instruction was conducted.

Operation Hours:

Beginning Time - exact time the classroom instruction began.

Ending Time - exact time the classroom instruction ended.

Completion Date (mm/dd/yyyy): date the instruction was completed.

Driver's license Number: as it appears on the student driver's license.

Issue State/: abbreviation of state that issued license.

Name: student's full legal name, no abbreviations.

Birth Date: student's birth date.

Reason Code: use EVDT if not preprinted on form.

Total Number of Students: total number of students.

Instructor Signature: classroom instruction signs full legal name.