



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

Commercial Driving School Routine Inspection Report
ADULT DRIVER EDUCATION COURSE CERTIFIED SCHOOL 18-20 YEAR OLDS

Date of Report:
Name of School:
Address:
Phone:

LOCATION REQUIREMENTS: Adequate Lighting (Y) (N), Heating/Ventilation (Y) (N), Seating (Y) (N), Washroom (Y) (N), Fire Extinguishers (Y) (N), Blackboard/Audio-Visual (Y) (N), Textbooks (Y) (N), Posted Hours (Y) (N), Posted Signs (Y) (N), Licenses Posted (Y) (N), Telephone (Y) (N)
Commentst:

RECORDS:

STUDENT'S NAME: DL# (If Applicable)
Fees (Y) (N), Entire Curriculum Completed (Y) (N), Dates & Times of Classroom Attendance (Y) (N), Completion of Course within 30 Days (Y) (N), Final Exam (Y) (N), Final Exam Score of 75% or Greater (Y) (N), Instructor Signatures (Y) (N), Verify Social Security No. on File (Y) (N)

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Fees (Y) (N), Entire Curriculum Completed (Y) (N), Dates & Times of Classroom Attendance (Y) (N), Completion of Course within 30 Days (Y) (N), Final Exam (Y) (N), Final Exam Score of 75% or Greater (Y) (N), Instructor Signatures (Y) (N), Verify Social Security No. on File (Y) (N)

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Additional Comments:

Authorized School Representative's Signature

Field Representative's Signature