GDL DRIVER RECORD AND DECLARATION

Last name _____ First and middle names _____

Driver's licence # _____ Date of birth YYYY/MM/DD

Daytime phone #_____ Mobile phone #_____

☐ Passenger vehicle ☐ Motorcycle

Date of driving practice	Name of co-driver *(please print)*	Co-driver's licence number	Length of driving practice session	Signature of co-driver
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YYYY/MM/DD				
			TOTAL DRIVING HOURS	0.00

Declaration of driving experience :

I, _____ the ☐ parent ☐ guardian ☐ co-driver
PRINT NAME

of the above named applicant, hereby affirm my belief that the applicant has driven at least the number of hours required under section 6.4(1)(d) of the Motor Vehicle Graduated Driver Licensing regulations:

_____ YYYY/MM/DD
Signature of parent, guardian or co-driver Date

Print Clear