ATTENTION: Parent/Legal Guardian: To avoid delays in the licensing process, please provide the following information EXACTLY as stated on the current Hawaii Driver's Permit.

NAME:(LAST)	(FIRST)		(MIDDLE)
		/ /	EXP. DATE:/
I completed my 6 hours BTW with Instr			
Classroom Teen Certification taken at: V			
Please provide a current mailing address that you would like your certificate(s) mailed to:		OFFICE USE ONLY	
NAME		BTW CERT. NO.	
		CLASS CERT. NO	
	<u> </u>	ISSUE DATE:	
INSTRUCTIONS: Parent or Legal G will have a Notary Officer in the branch for valid identification and will verify embossed or ink Notary Seal. There is Return this completed form to Wong Week lead time for your certificates to	ch. Complete the bottom portion your information. Once the forms usually a fee for this service. Way Driving Academy to receive be issued. Call Steven Wong at	(affidavit) with the is completed, the your Certificate (808) 398-6181 cm.	he Notary Public. He/She will ask young will stamp this form with an (s) of Completion. Allow at least two
A	CKNOWLEDGMENT OF PRA	decision of the second	1G
STATE OF HAWAII,	ar.	} ss	S.
COUNTY O	127	,	
I,	, do solen	inly swear or af	firm under penalty of perjury that
I am a parent or legal guardian of			(minor), and that based on
my personal or otherwise reasonal	bly obtained knowledge, said n	ninor has comple	eted forty hours of day-time
driving, and ten hours of night-tin	ne driving, supervised by a lice	nsed driver over	the age of twenty-one.
Subscribed and sworn to before me the	nis		
day of	, 20		Signature of Parent/Guardian
My commission expires:	<u> </u>		