

Company Name

Company Address

City, State, Zip

Company Phone#

NSC DEFENSIVE DRIVING COURSE

SIGN-IN FORM

Alive / DDC / ADD / PTD / CO

Class Date: ____/____/____ **Instructor Name:** _____ **Instructor ID#:** _____

Classroom Address: _____

Students must show ID, print their name and sign-in at the beginning of the course and sign-in for the second half of the course. Signatures should be adjacent to each other.

PRINT NAME	SIGNATURE First Half	SIGNATURE Second Half	COMPLETED ALL LESSONS (Y/N)	INSTRUCTOR COMMENTS / REMARKS
1				
2				
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17				

OVER FOR SIDE TWO

Under penalty of law, I attest to the fact that the motorists whose names and signatures appear on this class attendance roster have successfully completed the number of hours required under Article 12-B of the Vehicle and Traffic Law, and that any false information on this roster will be used as evidence in a court of law and/or administrative proceeding.

Primary Instructor's Signature _____ Secondary Instructor's Signature _____ Training Agency Representative _____

PRINT NAME	SIGNATURE First Half	SIGNATURE Second Half	COMPLETED ALL SESSIONS (Y/N)	INSTRUCTOR COMMENTS / REMARKS
18				
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