In which session are you enrolled? _____ *Start date:* _____ *End Date:* _____

SBTS-800
(Rev. 10/08)

North Carolina Division of Motor Vehicles
SCHOOL BUS & TRAFFIC SAFETY SECTION

RESTRICTED INSTRUCTION PERMIT
AND RECORD OF TIME AND LESSONS IN THE CAR

This permit is valid for use only for instruction by a CERTIFIED DRIVER EDUCATION TEACHER in a DRIVER ED CAR for students under the age of 18. Expires at End of Roadwork Session.

Name as on Birth Certificate _____

Address _____ Tel. No. _____

City _____ Zip _____ Age _____

Birth Date _____ HT _____ WT _____ Eye Color _____ Hair Color _____ Sex ☐ M ☐ F

Have you ever suffered from a seizure disorder, diabetes, heart trouble, paralysis, fainting, dizzy spells, or experienced problems with narcotics, other drugs, or intoxicating liquor or received treatment for substance abuse? ☐ Yes ☐ No If yes, list problem and date of last occurance.

I certify that I have read the above and that the information given is true to the best of my knowledge.

Signature of Student _____ Signature of Parent or Guardian _____

Signature of Principal or Driver Education Teacher Casey Johnson

N.C. DIVISION OF MOTOR VEHICLES USE ONLY

Eye Exam 20/40 or better **L** 20/ _____ **R** 20/ _____ Corrective Lenses ☐ Yes ☐ No Other _____

Physical Condition - Shakiness ☐ Yes ☐ No Hearing ☐ Good ☐ Poor Extremities missing ☐ Yes ☐ No Stiffness ☐ Yes ☐ No

Infirmities Noted ☐ None List _____

Referred to Driver License Section for _____

Date Issued _____ Signature Of DMV Rep. _____ Code _____

Class Grade _____ Teacher _____ Driving Grade _____ Teacher _____

RECORD OF LESSONS IN THE CAR

DATE	ODOMETER READING AT START	ODOMETER READING AT END	ODOMETER READING MILES DRIVEN	TIME BEHIND WHEEL AT START	TIME BEHIND WHEEL AT END	TIME BEHIND WHEEL MINUTES DRIVEN	TIME OBSERVING AT START	TIME OBSERVING AT END	TIME OBSERVING MINUTES OBSERVED	LESSON TAUGHT	Student Initial In Ink

The student above has received this instruction, at least 30 hours in the classroom or proficiency test AND at least **6 hours behind the wheel.**

Signature of Parent/Guadian/or Student _____ Date _____

This form should be kept on file for 2 years.