

Public (when completed)

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**To be filled in upon completion
of the Driver Education Course.
Please PRINT or type.**

Date year month day
of Issue **2023 05 25**

1614199

Name of Student (Last, First, Second)

Jones, Ava

Operator's Licence Number

173929-076

Date year month day
of Birth **2007 03 27**

Name of Driver Training School

McKenzie Drivers Education

School Code Number

S795

THIS FORM IS VOID IF MORE THAN ONE BOX IS CHECKED:

- ☐ Class 1 Mandatory Entry-Level Training (MELT)
- ☐ Experience and Equivalency Class 1 Mandatory Entry-Level Training (MELT)
- ☐ Class 2 Mandatory Entry-Level Training (MELT)
- ☐ Class 2-S Mandatory Entry-Level Training (MELT)
- ☐ School Bus Driver Improvement (Code S)
- ☐ Defensive Driving /
- Professional Driver Improvement -- Course Code _____
- ☒ Class 5 Driver Education (Code U) *(If this box is checked complete shaded area)*

MELT Course start date

year month day

**FOR CLASS 5 DRIVER
EDUCATION COURSE ONLY**

In-Vehicle

Number of Hours **10**

Date Completed

2023 05 25
year month day

Classroom

Number of Hours **15**

Date Completed

2023 05 21
year month day

Please PRINT Name of Instructor (Last, First, Second) and Instructor Number

In-Vehicle **Ashebo, Yohannes** Classroom **Online**

I certify that the student named above has successfully completed the indicated driver education course in compliance with standards established by Alberta Transportation.

Date Course year month day
Completed **2023 05 25**

Signature of Authorized School Representative

Peter Lochmueller
PRINT Name and Instructor Number