

Delivery Agency:	Delivery Agency: Delivery Agency Code:			le:
Instructor Name:	Instructor Code:			
Address:	Ci	ity, State, Zip:		
Class Date:	Start Time:	am/pm E	End Time:	am/pm
Date of 2^{nd} Session:	Start Time:	am/pm	End Time:	
 Students must print name and sign ir Students must sign and initial again If course is conducted in 1 day, a mini For 2 session classes, each column minimum 	for part 2 at the end of class comp imum 30-minute break must be all	letion. lowed in addition to the	320 minutes of inst	
Name as on License PRINT	Part I Signatu	Break 1	Par	rt II Break
1			Sign	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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19				
20				
Under penalty of perjury, I attest to the successfully completed the number of he roster will be used as evidence in a Court	ours as required under Article 12-l	B of the Vehicle and Tra		
Instructor Signature:		Date:	Class Length	Hours Minutes
Number of Students	x \$= \$	Total		
	Student processing fee			
Payment for class: CK/MO # enclose	sed: Charg	ge credit card on file: _		

FAX TO 1-850-656-0109 or EMAIL: NEWYORK@AMERICANSAFETYINSTITUTE.COM