



Louisiana Department of Public Safety and Corrections
 Office of Motor Vehicles
Temporary Rehabilitation Driver's Permits

This permit is valid only while receiving driver training by an approved Driver Rehabilitation Specialist. This permit shall not be used for any other purpose and is not transferrable from one rehab facility to another.

School Name					School Number						
Student Information											
Printed Name of Student (First/Middle/Last)								TIP Number/Certificate Number			
Address (Street/City/State/Zip)								Date of Evaluation			
Date of Birth	Sex	Eye Color	Height	Weight	Hair Color	Restrictions					
I swear that the above statements are true to the best of my knowledge.											
Signature of Student							Date				
Parental/Guardian Consent (for minor applications only)											
I do solemnly swear that the above named applicant is my _____ and was born _____ (MM/DD/YYYY). I further swear that the above statements are true to the best of my knowledge and do hereby assume the obligation imposed by law. This is my authorization to the driving school to issue a Temporary Instruction Permit for my child.											
Signature of Parent or Guardian				Driver's License #		Date					
Owner/Instructor: Sworn and subscribed before me this ___ of _____, 20__.					Signature of Owner or Licensed Instructor						
Classroom / OMV Knowledge Test Grades											
Classroom Grade: _____ (average of quizzes & knowledge exam)					OMV Knowledge Exam Grade: _____ (place grade on Certificate of Completion as the classroom grade)						
The above listed applicant has successfully completed the Classroom Course of Driver Education with the noted scores.											
Classroom Instructor					Date						
Behind The Wheel Instruction (Must be a minimum of 8 hours of driving time. Riding time does not count.)											
Date	Beginning Time	Ending Time	VIN # (Last 6)	Beginning Odometer	Ending Odometer	Instructor Initials	Student Initials	Road Type*			
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I
The above listed applicant has successfully completed the behind-the-wheel course of driver education with the noted score.											
Signature of Behind-the-Wheel Instructor							BTW Final Grade				
I, the undersigned, attest to the fact that the above named student has successfully completed the curriculum of a 38-hour driving course, as defined in R.S. 32:402.1 and R.S. 32:407. Falsification of any information contained in this certificate will be considered perjury and injury to official public documents.											
Signature of School Owner					Date						

*Road Type = R - Rural C - City H - Highway I - Interstate