CERTIFICATE FOR DRIVING INSTRUCTOR TRAINING
R-230 REV. 2-2013

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER EDUCATION UNIT
60 STATE STREET WETHERSFIELD, CT 06161

INSTRUCTOR TRAINEE *(Name)*

COMMERCIAL DRIVING SCHOOL *(Name)*	**LICENSE NUMBER**

The instructor trainee named above has successfully completed a 45-hour driving instructor training course in accordance with Sections 14-73(a) and 14-73(b) of the Connecticut General Statutes.

COMPLETED TRAINING SCHEDULE

DATE OF TRAINING	COURSE MATERIAL	TOTAL HOURS	DATE OF TRAINING	COURSE MATERIAL	TOTAL HOURS

SIGNED *(Instructor Trainee)*	**DATE SIGNED**
X	
SIGNED *(Driving School Master Instructor)*	**DATE SIGNED**
X	
SIGNED *(Driving School Owner or Licensee)*	**DATE SIGNED**
X	