Declaration of Completion

Graduated Licensing Program ICBC-Approved Driver Education Course

This form must be completed in ink. Photocopies will not be accepted.

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Section 1 Student Information

DRIVER'S LICENCE NUMBER	SURNAME	GIVEN NAME
DATE OF BIRTH (ddmmmyyyy)	MAILING ADDRESS	

CITY	PROV	POSTAL CODE	HOME TELEPHONE	WORK TELEPHONE
			- -	- -

Section 2 Driver Training School Declaration

To the Insurance Corporation of British Columbia:

I confirm that the student, named above, has successfully completed an ICBC-Approved Driver Education Course.

Course Information

1. The student, named above, has completed the minimum number of training hours in the following category(s):
   - ☐ Class 7 – Passenger Vehicle (minimum 32 hours consisting of a minimum 16 hours classroom, 12 hours practical, 4 additional hours of instruction)
   - ☐ Class 8 – Motorcycle (minimum 39 hours consisting of a minimum 13 hours classroom, 10 hours novice level practical, 14 hours final level practical, 2 additional hours of instruction)
2. The student, named above, has met the assessment standards as indicated on the Competency Checklist.
3. Course start date: _____ / _____ / _____ (YYYY MM DD) Course end date: _____ / _____ / _____ (YYYY MM DD)

Print names of student's instructor(s)	Instructor Number	Print names of student's instructor(s)	Instructor Number
1.		4.	
2.		5.	
3.		6.	

School Information (Note: This form is not valid unless stamped and signed by an appropriate signing authority)

Driver training school name and address	Place school stamp here

I am a signing authority of the above-named Driver Training School and certify that the information provided in this Declaration is true and correct.

NAME OF SIGNING AUTHORITY (please print) _____ SIGNATURE OF SIGNING AUTHORITY _____ DATE _____

Section 3 Student Declaration

To the Insurance Corporation of British Columbia:

1. I have completed the minimum number of training hours to the standards of the ICBC-Approved Driver Education Course at one or more approved Driver Training School(s), and
2. The information provided by me in this Declaration is true and correct.

SIGNATURE OF STUDENT _____ DATE _____

This is NOT a Driver's Licence

[redacted]

Declaration of Completion (MV2910) Form Log
Graduated Licensing Program ICBC-Approved Driver Education Course

NOTE: This log must be completed and kept in your school's records as required by your Approval Agreement with the Insurance Corporation of British Columbia. If you prefer, you may use an alternate log form containing all the mandatory information listed below.

Date Forms Received: _____

FORM NUMBER	DATE ISSUED	STUDENT'S NAME	DRIVER'S LICENCE NUMBER