PRINTABLE DRIVING LOG

Driving Log Sheet

Hours required in your state: _____ total, _____ at night

HOURS GOAL	AT NIGHT
_____	_____

Before you start

Record every supervised drive: the date, start and end time, how long you drove, how much of it was at night, and who supervised. Many states have their own form or log. If yours does, copy your totals or drives onto it before your road test.

Hours and forms by state: drivepath.app/guides/driving-hours-requirements-by-state

Printable sheets for every state: drivepath.app/printable-driving-log-sheet

Driver's name _____ Permit number _____ Permit issue date _____

Supervising drivers

Name	Relationship to driver	Initials used in this log

#	Date	Start time	End time	Total time (h:mm)	At night (h:mm)	Road, weather and skills practiced	Supervisor initials
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

THIS PAGE: TOTAL TIME	THIS PAGE: AT NIGHT	RUNNING TOTAL: TIME	RUNNING TOTAL: AT NIGHT
h min	h min	h min	h min

Driving Log Sheet (continued)

Driver: _____

#	Date	Start time	End time	Total time (h:mm)	At night (h:mm)	Road, weather and skills practiced	Supervisor initials
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							

THIS PAGE: TOTAL TIME	THIS PAGE: AT NIGHT	RUNNING TOTAL: TIME	RUNNING TOTAL: AT NIGHT
h min	h min	h min	h min

Driving Log Sheet (continued)

Driver: _____

#	Date	Start time	End time	Total time (h:mm)	At night (h:mm)	Road, weather and skills practiced	Supervisor initials
48							
49							
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							

THIS PAGE: TOTAL TIME	THIS PAGE: AT NIGHT	RUNNING TOTAL: TIME	RUNNING TOTAL: AT NIGHT
h min	h min	h min	h min

Supervisor certification

I certify that the driver named on page 1 completed the supervised driving recorded on this log and that the entries are accurate.

Final totals: _____ hours _____ at night

Signature of parent, guardian or supervising driver

Date

Printed name

Relationship to driver

This sheet is a personal record, not an official state form. If your state has its own form, complete and sign that too.