

HEIGHTS DRIVING SCHOOL, INC.
Classroom Location: Mayfield Village 771 Beta Drive
COMMERCIAL DRIVER TRAINING RECORD

PLEASE PRINT 2 COPIES OF FORM, FILL IN FULL LEGAL NAME, SIGN AND BRING TO YOUR FIRST BEHIND-THE-WHEEL LESSON

Applicant's Name _____

Address _____

City _____

State _____

Zip Code _____

E-Mail Address _____

Phone _____

Temp ID # _____

Temp. Expiration Date _____

CALL 440-449-3300 WHEN YOU HAVE COMPLETED ALL 8 HOURS TO RECIEVE YOUR CERTIFICATE OF COMPLETION

YOU WILL NEED THE CERTIFICATE OF COMPLETION TO TAKE THE STATE DRIVER TEST

Full Course will consist of 8 Driving Hours

Additional hrs. @ \$95.00/hr

THE DRIVING SCHOOL shall provide 8 hours of BTW training based upon the Ohio Driver Training Curriculum. The Driving School will furnish a licensed instructor and vehicle for instruction. The Driving School does not guarantee the issuance of a driver's license. FAILURE OF THE STUDENT TO APPEAR OR CANCEL A BTW APPOINTMENT A MINIMUM OF TWENTY-FOUR (24) HOURS IN ADVANCE SHALL RESULT IN STUDENT BEING ASSESSED A \$25.00 CHARGE. REPLACEMENT CHARGE FOR A LOST CERTIFICATE WILL BE AN ADDITIONAL \$12.00. Heights Driving School has six (6) months from the date of the first BTW lesson to fulfill the requirements of this Agreement under Ohio law. THE STUDENT IS REQUIRED TO COMPLETE ALL AVAILABLE TRAINING WITHIN SIX MONTHS OF THE DATE OF THE FIRST BTW LESSON. UPON EXPIRATION OF THIS AGREEMENT, ADDITIONAL FEES MAY BE CHARGED. PRICE SUBJECT TO CHANGE AT ANY TIME. If you have any concerns regarding classes or in-car training, contact the school's owner or authorized official at 440-449-7730 or go to www.heightsdriving.com/feedback.html. Said issues will be addressed within five (5) business days (when possible), but no later than thirty (30) business days from the date of receipt of the complaint. Driver training schools are licensed by The Department of Public Safety through the driver training program office, 1970 West Broad Street, Columbus, Ohio 43223.

I HAVE READ, UNDERSTAND AND RECEIVED A COPY OF THIS AGREEMENT.

Parent/Guardian _____ Student _____ Date _____
 Heights Official _____ Pymt. Amt. \$ _____ Type _____ Date _____

<i>IN-CAR INSTRUCTION: 1 - Needs Improvement 2 - Good 3 - Excellent</i>					COMMENTS
Lesson Number	1	2	3	4	
Date					
Start Time					
End Time					
Break Time (if over two hours)					
Hours Driven					
Check for Valid Temp (check box)					
Entry Level Tasks (pre-drive/start/stop)					
Minimal Traffic, Intersections					
Moderate Traffic					
Use of Mirrors					
Vehicle Spacing					
Lane Changing					
RR Crossing					
Country Roads					
Night Driving (when possible)					
Sight Distance, Planning, Higher Speeds					
Backing/Parking					
Maneuverability, (Parallel Parking)					
Expressway/Controlled Access Highway					
Instructor/Number/Initials					
Student					

We, the undersigned instructors, certify that the student has satisfactorily completed the driving instruction required by Rule 4501-7-09 of the Administrative Code, and 4508.02 C of the Ohio Revised Code.

X _____
 Student Signature

X _____
 In-Car Instructor