Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001
www.dmv.virginia.gov

ESCORT VEHICLE DRIVER TRAINING SITE

CLASSROOM INSTRUCTION ATTENDANCE ROSTER

Purpose: Use this form to document student attendance at the 8-hour Escort Vehicle Driver Training (EVDT) course.

Instructions: Type or print in black or blue ink. Total number of students and sign the certification statement. Authorized Extranet users must electronically submit this Classroom Instruction Attendance Roster, HP 17 to DMV within 24 hours of course completion. Maintain a copy of the roster in the EVDT site's files.

GENERAL INFORMATION

EVDT SITE NAME		EVDT CODE	DATE (mm/dd/yyyy)
INSTRUCTOR FULL LEGAL NAME (print) (last)	(first)	(mi) (suffix)	SITE CODE
EVDT SITE ADDRESS	CITY	STATE	ZIP CODE

CLASS DAY ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

OPERATION HOURS START TIME ☐ AM ☐ PM END TIME ☐ AM ☐ PM | COMPLETION DATE (mm/dd/yyyy)

STUDENT INFORMATION

DRIVER'S LICENSE NUMBER (as it appears on the license)	ISSUE STATE		NAME (last, first, mi, suffix)	BIRTH DATE (mm/dd/yyyy)	REASON CODE
		1			EVDT
		2			EVDT
		3			EVDT
		4			EVDT
		5			EVDT
		6			EVDT
		7			EVDT
		8			EVDT
		9			EVDT
		10			EVDT
		11			EVDT
		12			EVDT
		13			EVDT
		14			EVDT
		15			EVDT
		16			EVDT
		17			EVDT
		18			EVDT
		19			EVDT
		20			EVDT

TOTAL NUMBER OF STUDENTS ☐

CERTIFICATION

By signing this document, I certify that I am an instructor and designated representative of the escort vehicle driver training site and that the person(s) named above attended and satisfactorily completed the 8-hour escort vehicle driver training course on the date and time indicated above. I understand the submission of false or inaccurate information on this attendance roster may result in suspension, cancellation or termination of the site's and instructor's certificate and the assessment of civil penalties.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

INSTRUCTOR NAME (print)	INSTRUCTOR NAME (print)	DATE (mm/dd/yyyy)