

BRC, 3WBRC, BRC 2 and MMSEC COURSE COMPLETION REPORT

MAIL OR FAX WITHIN 7 DAYS FROM COMPLETION OF COURSE TO:
 BUREAU OF MOTOR VEHICLES, DRIVER EDUCATION PROGRAM
 29 STATE HOUSE STATION, AUGUSTA, ME 04333-0029
 TEL# 624-9000 ext. 52128 FAX# 624-9158

SCHOOL NAME:	TELEPHONE#:
SITE/RANGE LOCATION:	SITE/RANGE LICENSE#:
INSTRUCTOR(S):	(BRC- LIST RANGE # ONLY)

COURSE START DATE:	# OF STUDENTS: BRC () MMSEC () INCOMPLETE () TOTAL ()
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COURSE ENDING DATE:	# OF STUDENTS: BRC2 () 3WBRC () INCOMPLETE () TOTAL ()
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	STUDENT NAME (List alphabetically)			D.O.B.	PHONE #	B	M	I	CCC #
	LAST	FIRST	MI.			R	M	N	
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I certify that each student has completed one of the following courses and met all state requirements; MMSEC, BRC, 3WBRC or BRC2.
 I understand that knowingly supplying false information will result in the suspension or revocation of any license issued to me.

LICENSEE'S SIGNATURE:	Date:
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NOTE: You must keep a copy of this roster for your files.