

Declaration of Completion

Graduated Licensing Program ICBC-Approved Driver Education Course

Se	inis form must be d ection 1 Student Informa	•	Pnotoc	copies will not be	e accepted	. В					
DR	IVER'S LICENCE NUMBER	SURNAME				GIVEN NAME					
DA	TE OF BIRTH (ddmmmyyyy)	MAILING ADDRESS									
CIT	Y		PROV	POSTAL CODE	HOME TEL	EPHONE	WORK TELE	EPHONE			
Se	ection 2 Driver Training	School Declara	tion								
То	the Insurance Corporation of	of British Columbia	:								
I confirm that the student, named above, has successfully completed an ICBC-Approved Driver Education Course.											
Course Information											
1.	 □ 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.			essmer				KIIST.				
3.	Course start date:	///		Course en	d date:	//					
Р	rint names of student's instru	uctor(s) and check	the typ	oe of training prov	vided			Practical	Theory		
1.											
2.											
3.											
4.											
5.											
Sc	hool Information (Note: Thi	s form is not valid	unless	stamped and sig	ned by an a	ppropriate signing auth	nority)				
Driver training school name and address Place school stamp here											
 I ar	ກ a signing authority of the ab	ove-named driver t	raining	school and certify	that the info	rmation provided in this	Declaration	on is true and	d correct.		
_	NAME OF SIGNING AUTHORITY (ple	ease print)		SIGNATI IRE OF SIGNI	ING ALITHORITY			DATE			
_											
	ection 3 Student Declara										
	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 schools, and										
2.	The information provided by	by me in this Decla	aration	is true and correc	t.						

This is NOT a Driver's Licence

DATE

MV2910 (032023)

SIGNATURE OF STUDENT





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.

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