

## DEFENSIVE DRIVING ATTENDANCE ROSTER

Page \_\_\_\_ of \_\_\_\_

Location \_\_\_\_\_

Delivery Agency AARP Driver Safety Program

Class Completion Date \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Agency Certification Karen Songer and Paul Cramer

Instructor's Signature \_\_\_\_\_

Agency Signature \_\_\_\_\_

**Total Class Hours: 6**

**Mail form with your course materials in the blue envelope to AARP DSP, PO Box 93114, Long Beach, CA 90809-3114**

COURSE ID NUMBER _____		NJ DRIVERS LICENSE NUMBER	SEX	DOB	EYE
NAME	ADDRESS	(1 Alpha & 14 Numbers)	M/F	M/D/Y	COLOR CODE
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**Defensive Driving (Rev. 8/26/11)**

Please Check that all information is correct before sending it to MVC. The roster must be received by fax (609-341-5784) or mailed to NJMVC, driver education & improvement unit, 225 East State Street, P.O. Box 139, Trenton, NJ 08666 within 10 days of earliest completion date.