

## NJ MVC DEFENSIVE DRIVING ATTENDANCE ROSTER

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

Location \_\_\_\_\_

Delivery Agency AARP Driver Safety Program

Course Completion Date \_\_\_\_\_

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

Agency Certification Karen Songer or 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 2100, Long Beach, CA 90801-9960**

COURSE ID NUMBER _____		NJ DRIVERS LICENSE NUMBER	SEX	DOB	EYE
NAME	ADDRESS	(1 Alpha & 14 Numbers)	M/F	MM/DD /YY	COLOR CODE
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