



### **Class 1 Mandatory Entry-Level Training (MELT)**

#### **Student Course Attendance**

### Driver Training School Information

DRIVER TRAINING SCHOOL NAME	DTC NUMBER
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## Student Information

SURNAME	GIVEN NAMES	DRIVER'S LICENCE NUMBER	DRIVER'S LICENCE CLASS	COURSE START DATE (YYYYMMDD)	COURSE END DATE (YYYYMMDD)

## Student Attendance

Module/Subject Taught	Date of Training (YYMMDD)	Start Time* (HHMM)	Theory Training Hours	Practical Training Hours			Instructor Name (Surname, Given Names)	Instructor Initials	Student Initials
				In-Yard	Off-Road	On-Road			
Sub-Total Hours:							Carry the sub-total hours forward to the next page		

\* Start time must be in 24-hour clock format. Note: All parts of this form, including training hours, instructor's name and initial, and student's initial, must be completed to ensure the minimum MELT course hours are completed for issuance of a MELT Declaration of Completion.







DRIVER TRAINING SCHOOL NAME	DTC NUMBER
BCB Driving School	0911

SURNAME	GIVEN NAMES	DRIVER'S LICENCE NUMBER	DRIVER'S LICENCE CLASS	COURSE START DATE (YYYYMMDD)	COURSE END DATE (YYYYMMDD)
RICHTER	ANDY	0 2 3 4 5 6 7 8	1L	2 0 2 4 M A Y 3 1	2 0 2 4 J U L 1 2

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