



555 Wright Way
Carson City, NV 89711
(877) 368-7828
www.dmvnv.com

ALCOHOL AND SUBSTANCE ABUSE COURSE COMPLETION NOTICE

Student Name: _____
Student Address: _____
Driver's License Number: _____ Date of Birth: _____

- A. Name and Department of the Court having jurisdiction: _____
B. Judge's Name: _____
C. Citation Number: _____
D. Court Ordered Completion Date: _____
E. Did the student successfully complete the course within the time ordered by the court?
(Circle one) YES NO
F. Any additional information required by order of the court: _____

I hereby certify all statements on this form are true.

STUDENT'S SIGNATURE

DATE

TO BE COMPLETED BY SCHOOL OFFICIAL:	
School Name: \$49 Nevada DUI School	School License # DUI000049324
Course attended: ALCOHOL AND SUBSTANCE ABUSE	Date Completed:
Hours of Instruction: 8	Final Test Score:
Instructor's Name: Wendi Turner	
Instructor's Signature: <i>Wendi Turner</i>	
Mail form to: Department of Motor Vehicles, Central Services and Records Division, 555 Wright Way, Carson City, Nevada 89711, Attention: Data Integrity.	
(Must be submitted by the 10th day of the month immediately following the month in which the student enrolls)	