SBTS-800 (Rev. 07/2022)

## North Carolina Division of Motor Vehicles SCHOOL BUS & TRAFFIC SAFETY SECTION PROTECTION DEPMIT

## RESTRICTED INSTRUCTION PERMIT

## Restricted Instruction Permits: Are valid for instructional use only by a CERTIFIED DRIVER EDUCATION TEACHER in a DRIVER EDUCATION CAR Are for use for students under the age of 18 Must be used to record time of instruction Expire at the end of in-car instruction Before Behind the Wheel Instruction: Students are required to have a vision and physical condition screening completed by a Driver Education Program Specialist (DEPS) (Students must contact their Driver Education Instructor to reschedule missed screening appointments.) STUDENT AND PARENT/GUARDIAN/LAWFUL CUSTODIAN SECTION This section must be completed prior to the vision screening. If "YES" is answered to any of the medical questions, the screening must be completed by a DEPS. FIRST LAST TELEPHONE (include area code) AGE (in years) ZIP CODE STATE CITY **ADDRESS** COLOR EYES **COLOR HAIR** HEIGHT BIRTHDATE Does the student have a degenerative condition? YES NO Has the student ever had a neurological (seizure, narcolepsy), musculoskeletal (impaired function, loss of limb), respiratory, cardiac (loss consciousness, blurred vision, shortness breath), diabetic condition, experienced problems with drugs, or intoxicating liquor or received treatment for substance abuse? (If you answered "YES", list the problem(s) and date of last occurrence(s) below.) I certify that I have read the above and that the information provided is true and correct to the best of my knowledge. SIGNATURE OF PARENT/GUARDIAN/LAWFUL CUSTODIAN SIGNATURE OF STUDENT N.C. DMV VISION SCREENING SECTION Corrective Lenses: Yes No Other: D.L. 77 ISSUED YES NO Eye Exam: PQS or L 20/\_\_\_\_\_ R 20/\_ Notes DMV Rac-F #: Signature of DMV Rep. Date Issued: DRIVER EDUCATION INSTRUCTOR AND STUDENT SECTION Teacher: Classroom Provider: Teacher: **Driving Provider:** RECORD OF INSTRUCTIONAL LESSONS IN THE CAR TIME BEHIND WHEEL TIME OBSERVING ODOMETER READING Initial MINUTES MINUTES MILES Ink START END OBSERVED LESSON TAUGHT DRIVEN DATE END DRIVEN START END The student above has received at least 30 hours of classroom instruction or \*proficiency test AND at least 6 hours of behind the wheel instruction. \*Proficiency tests can only be offered by Public School Systems Driver Education Programs. Driver Education Instructor: Signature of Student: Date: \_\_\_