

COMPLETED COURSE FORM

IBT Trainer _____

NAME	Date of Birth	Learner Permit No. (Line 4 d)	Category and Type (Auto or Manual)	Date Completed	Certificate Number	Logbook Number	Approved IBT Centre Number

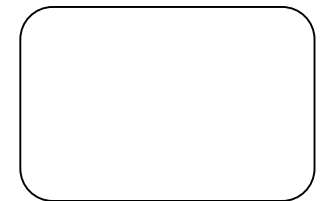
*Full Licence Number is required for Candidates doing conversion module.

PLEASE NOTE THAT ALL CERTIFICATES CANCELLED MUST BE RETURNED TO THE DRIVER EDUCATION SECTION.

THE APPROVED IBT CENTRE NUMBER INSERTED MUST RELATE TO THE CENTRE WHERE TRAINING WAS CONDUCTED/DELIVERED

SIGNATURE

DATE



IBT STAMP

Note: This form should be completed and returned together with the counterfoils of certificates issued since the last return. Please forward to: Driver Education Section, Moy Valley Business Park, Primrose Hill, Ballina, Co. Mayo F26 V6E4