SBTS-800
(Rev. 09/2022)

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

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) or Driver Education Instructor (DEI)**

STUDENT AND PARENT/GUARDIAN/LAWFUL CUSTODIAN SECTION

This section must be completed prior to the vision screening.

LAST	FIRST	MIDDLE	

ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE (include area code)	AGE (in years)

BIRTHDATE	HEIGHT	COLOR HAIR	COLOR EYES

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?
☐ YES ☐ NO

(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 STUDENT **SIGNATURE OF PARENT/GUARDIAN/LAWFUL CUSTODIAN**

N.C. DMV VISION SCREENING SECTION

Eye Exam: PQS or L 20/ _____ R 20/_____Corrective Lenses: ☐ Yes ☐ No Other: _____ D.L. 77 ISSUED ☐ YES ☐ NO

Notes_____

Date Issued: _____**Instructor or DMV Rep. Signature** _____**Lic# or DEPS#:** _____

DRIVER EDUCATION INSTRUCTOR AND STUDENT SECTION

Classroom Provider: _____ **Teacher:** _____

Driving Provider: _____ **Teacher:** _____

RECORD OF INSTRUCTIONAL LESSONS IN THE CAR

(This form shall be kept on file for three (3) years. All previous versions are obsolete.)

DATE	ODOMETER READING			TIME BEHIND WHEEL			TIME OBSERVING			LESSON TAUGHT	**Student Initial in Ink**
	START	END	MILES DRIVEN	START	END	MINUTES DRIVEN	START	END	MINUTES OBSERVED		

The student above has received at least 30 hours of classroom instruction or proficiency test AND at least <u>6 hours of behind the wheel instruction.</u>

Driver Education Instructor: _____ Date: _____

Signature of Student: _____ Date: _____