



**TRAFFIC SAFETY SCHOOL COMPLETION NOTICE**

**Student Name:** \_\_\_\_\_

**Student Address**  
\_\_\_\_\_  
Street address City State - Zip

**Driver License Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

- A. **I have traffic violations pending during my enrollment in this course.**  
 YES  NO
- B. **The court is reducing or dismissing my ticket upon completion of traffic school.**  
 YES  NO
- C. **I have completed a traffic safety course for credit within the past 12 month period.**  
 YES  NO
- D. **Number of traffic violations in the past 12 months** \_\_\_\_\_

**I hereby certify** all statements on this form are true.

**I agree and understand** that:

1. no demerit points may be deleted from or credited to my demerit record if my enrollment is in conjunction with a plea agreement or was a condition of sentencing, or if there are more than 11 demerits on my drive record;
2. I will not be eligible for the deletion of demerit points and may not otherwise receive credit for completing a traffic safety course if I received credit for a course within the past 12-month period.

\_\_\_\_\_  
STUDENT'S SIGNATURE DATE \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL OFFICIAL:**

SCHOOL NAME \_\_\_\_\_ SCHOOL LICENSE # \_\_\_\_\_

COURSE ATTENDED \_\_\_\_\_

HOURS OF INSTRUCTION \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

TEST SCORE \_\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_

INSTRUCTOR'S SIGNATURE \_\_\_\_\_

**Mail form to:** Department of Motor Vehicles, Central Services and Records Division, 555 Wright Way, Carson City, Nevada 89711, Attention: Data Integrity.