

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 AND SIGNED BEFORE 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, and/or has the student ever had a neurological (seizure, narcolepsy), musculoskeletal (impaired function, loss of limb), respiratory, cardiac (loss of consciousness, blurred vision, shortness of breath), diabetic condition, experienced problems with drugs, or intoxicating liquor or received treatment for substance abuse?      YES      NO      **(MUST circle one)**

*(If you answered "YES", list the problem(s), date of last occurrence(s), and any prescription medication(s) with dosage(s) the student has been on in the last six (6) months:*

---

---

---

---

---

---

---

---

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 #: \_\_\_\_\_

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 6 hours of behind the wheel instruction. **\*Proficiency tests can only be offered by Public School Systems Driver Education Programs.**

Driver Education Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_