Garden State SAFETY COUNCIL'S NJ MVC approved 6 hour Defensive Driving Course Class roster.

SPONSORING AGENCY: GSSC TOTAL COURSE HOURS:_____ CLASS COMPLETEION DATE:_____

DELIVERY AGENCY NAME: _____ AGENCY CODE NUMBER_____

INSTRUCTORS NAME:_____ LOCATION_____

NUMBER OF STUDENTS IN THIS CLASS_____ NUMBER OF ROSTER PAGES (for classes with more than 10 people):_____

#	STUDENT NAME	STUDENT ADDRESS	DRIVERS LICENSE NUMBER (1 ALFA and 14 NUMBERS)	SEX	DATE OF BIRTH	EYE COLOR

Under Penalty of perjury, I attest to the fact that the motorists whose names appear on this class attendance roster have successfully completed the number of hours as required under article §13:21-24. of the vehicle and traffic law and any false information on this roster sheet will be used as evidence in a Court of Law and/or Administrative Hearing. **EVERY ROSTER SHEET MUST BE SIGNED HERE (Including multiple sheets).**

Instructor Signature_____

GSSC USE ONLY

Certification: The undersigned Administrator for Garden State Safety Council, an Officially Approved Defensive Driving Course Sponsor of New Jersey Motor Vehicle Commission, certifies that I am the custodian of this record and attest that the within roster of students contains only the names and other information of students completing the course as entered by the course instructor.

GSSC ADMINISTRATOR_____SIGNATURE_____