

Defensive Driving Solutions

Student Affidavit

I, _____, _____
Legal Name (printed or typed) *Mailing Address*

_____, _____, _____
City *State* *Zip Code*

Driver's License Number (if applicable)

State issuing Driver's License

Copy Driver's License or Picture ID here

Please fax this document to: (817) 745-4624

I have read and accepted the Terms of Agreement for **Defensive Driving Solutions**. I have completed the six-hour driving safety course in accordance with policies and procedures of the course. I did not receive any assistance to complete this course other than any assistance I may have received from the school's technical support staff and/or instructors. I have not attempted to misrepresent my identification in any way while taking this driving safety course. A copy of my driver's license or equivalent type of photo identification is shown on this page. **DO NOT SIGN UNTIL THE NOTARY IS PRESENT.**

Signature

State Of: _____

County Of: _____

Subscribed and Sworn before me this _____ **day of** _____,
20 _____

Notary Public (signature)

My commission expires: _____

Notarize Here