



OHIO DEPARTMENT OF PUBLIC SAFETY

**STUDENT ROSTER MOTOR VEHICLE
COLLISION PREVENTION COURSE**
60 YEARS OF AGE OR OLDER

COURSE TITLE			
AGENCY CONDUCTING COURSE			AGENCY PHONE #
INSTRUCTOR NAME(S)			
INSTRUCTOR ADDRESS			ZIP CODE
PARTICIPANT NAME	STREET ADDRESS / CITY / ZIP CODE	COMPLETED	DATE CERTIFICATE ISSUED
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
10.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
11.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
12.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
13.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
14.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
15.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
16.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
17.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
18.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
19.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
20.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
21.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
22.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
23.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
24.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
25.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COURSE INSTRUCTOR SIGNATURE X			DATE