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### APPLICATION FOR PARENT-TAUGHT DRIVER EDUCATION PROGRAM COMPLETION

_____	_____	_____	_____	_____
(Name of Teaching Parent 1)	(Driver License Number)	(Address, City, State, ZIP Code)	(Phone)	(e-Mail Address)
_____	_____	_____	_____	_____
(Name of Teaching Parent 2)	(Driver License Number)	(Address, City, State, ZIP Code)	(Phone)	(e-Mail Address)

I/We certify that:

a.) I am the below-listed student's Parent

b.) I provided driver education instruction to \_\_\_\_\_, that meets the requirements of Iowa Code 321.178A, Driver Education - Teaching Parent. (Name of Student) (Date of Birth) (Student's Iowa Driver Lic. No)

**\*An approved course includes only those courses approved by the Iowa DOT and listed at: <https://iowadot.gov/mvd/driverseducation/Parent-taught/Step-2>.**

c.) the above listed student successfully completed the following on-line course approved by the Iowa DOT:

d.) the above listed student satisfactorily completed classroom instruction and at least 30 hours of street and/or highway driving, as required.

e.) copies of the following documents are attached and are true and correct (keep the originals for your records)

Student final report as supplied by the following pre-approved course, including: Student's full name and address, start and end dates of online program, percentage of correct final exam answers and minimum passing percentage. \_\_\_\_\_  
(Course Name found at <https://iowadot.gov/mvd/driverseducation/Parent-taught/Step-2>)

the student's driving log (Iowa DOT Form 431228) with 30 hours of street or highway driving, which must include 3 hours of driving after sunset and before sunrise.

f.) the following curriculum requirements were met:

- instruction concerning substance abuse and distracted driving
- instruction concerning railroad crossing safety
- instruction relating to becoming an organ donor under the revised Uniform Anatomical Gift Act as provided in Chapter 142C.
- instruction providing an awareness about sharing the road with pedestrians, bicycles and motorcycles

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

\_\_\_\_\_  
(Signature of Teaching Parent)

\_\_\_\_\_  
Date

**DRIVING LOG  
 FOR PARENT-TAUGHT DRIVER EDUCATION**

\_\_\_\_\_  
 (Names of Teaching Parents)

\_\_\_\_\_  
 (Name of Student)

\_\_\_\_\_  
 (Student DL Number)

The Driving Log must include 30 hours of driving time, including 3 hours of driving after sunset or before sunrise.

**NOTE: Please fill out all columns completely.**

Date (M/D/YYYY)	Skills Covered	Start Time End Time	Drive Time	Night Driving	Notes on deficiencies and improvements

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the contents of this form are true and correct.

\_\_\_\_\_  
 (Signature of Teaching Parent)

\_\_\_\_\_  
 Date

PAGE TOTAL: 0  
 (Hours/Minutes)

Form 431228 (06-21)  
 Central Programs Bureau  
 P.O. Box 9204  
 Des Moines, IA 50306-9204  
 Phone: (515) 244-8725

\_\_\_\_\_  
 (Name of Teaching Parent(s))

\_\_\_\_\_  
 (Name of Student)

\_\_\_\_\_  
 (Driver License Number)

Date (M/D/YYYY)	Skills Covered	Start Time End Time	Drive Time	Night Driving	<u>Notes on deficiencies and improvements</u>

\_\_\_\_\_  
 (Name of Teaching Parent(s))

\_\_\_\_\_  
 (Name of Student)

\_\_\_\_\_  
 (Driver License Number)

Date (M/D/YYYY)	Skills Covered	Start Time End Time	Drive Time	Night Driving	<u>Notes on deficiencies and improvements</u>

\_\_\_\_\_  
 (Name of Teaching Parent(s))

\_\_\_\_\_  
 (Name of Student)

\_\_\_\_\_  
 (Driver License Number)

Date (M/D/YYYY)	Skills Covered	Start Time End Time	Drive Time	Night Driving	<u>Notes on deficiencies and improvements</u>