NEW YORK STATE OF OPPORTUNITY. Department of Motor Vehicles

STUDENT MV-285 ROSTER

(Please Print or Type)

Name of School	Contact Person	Dates course was offered: From: / / To: / /	Date certificates were issued: / /

Address (Number and Street)	City	State	Zip Code	Telephone Number (include area code)	Signature of Superintendent or Principal
				( )	X

Certificate No.	Duplicate Certificate No. and Date Issued	Last Name, First Name, Middle Initial and Address of Student	Date of Birth	Student's Client ID Number	Laboratory Hours				Class Hours	Total Hours	Numerical Grade Received	
					Behind the Wheel	Observation	Simulation	Range			Behind the Wheel	Classroom

To knowingly make a false statement or conceal a material fact in this Student MV-285 Roster is a criminal offense. False statements are punishable under Section 210.45 of the Penal Code.

X

Signature of Approved MV-283 Lecture Teacher | **Instructor Certificate Number** | Date / /

(If multiple Lecture Teachers are employed, only Lead Teacher Signs)

Mail completed roster to: NYS Department of Motor Vehicles
Utica Processing Center
MV-285/MV-278
207 Genesee Street
Utica, NY 13501
Telephone (315) 793-2615