



REQUEST FOR VIEWING AN INSTRUCTOR'S ASSESSMENT

Name of the school: _____
Instructor's name: _____
Instructor-to-be's card number: _____
Date and time of the recording: _____
Number of the module which was taught: _____

Type of Assessments:

In-car driving instructor-to-be	
In-class driving instructor-to-be	
Motorcycle Riding Instructor-to-Be	
In-class Instructor-to-be for Motorcycle Riding	

In-car driving instructor	
In-class driving instructor	
Motorcycle riding instructor	
In-class instructor for motorcycle riding	

Instructor's signature

Owner of the school's signature

Instructor's name

Owner of the school's name

City and date _____