

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	

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 _____

Association québécoise des transports

Programme de reconnaissance des écoles de conduite

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