

*State of Georgia Department of Driver Services*

*Presents*

***Certificate of Completion***

*in*

***Driver Education***

***30 Hours Classroom Instruction***

***6 Hours of Behind the Wheel Instruction***

*To*

**Students Name and License Number**

***DOB : 04/05/1991***

*For*

***Initial License***

***August 25, 2007***

Towne Lake Driving School  
1105 Parkside Lane, Suite 1328  
Woodstock, GA 30189  
678-494-2200

***Brownhill, Dean R***

Instructor

THIS FORM MAY BE SENT TO YOUR INSURANCE AGENT FOR THE PURPOSE OF REDUCING  
THE PREMIUM OF YOUR INSURANCE IF YOU MEET THE REQUIREMENTS AS SET FORTH IN  
§ O.C.G.A. 33-9-42.

**Note: Record Found**