

North Carolina Division of Motor Vehicles  
SCHOOL BUS & TRAFFIC SAFETY SECTION  
**RESTRICTED INSTRUCTION PERMIT**

**Restricted Instruction Permits:**

- Are valid for instructional use only by a CERTIFIED DRIVER EDUCATION TEACHER in a DRIVER EDUCATION CAR
- Are for use for students under the age of 18
- Must be used to record time of instruction
- Expire at the end of in-car instruction

Before Behind the Wheel Instruction: Students are required to have a vision and physical condition screening completed by a Driver Education Program Specialist (DEPS) or Driver Education Instructor (DEI)

**STUDENT AND PARENT/GUARDIAN/LAWFUL CUSTODIAN SECTION**

**THIS SECTION MUST BE COMPLETED AND SIGNED BEFORE VISION SCREENING**

LAST		FIRST		MIDDLE		
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE (include area code)	AGE (in years)
BIRTHDATE	HEIGHT		COLOR HAIR		COLOR EYES	

Does the student have a degenerative condition, and/or has the student ever had a neurological (seizure, narcolepsy), musculoskeletal (impaired function, loss of limb), respiratory, cardiac (loss of consciousness, blurred vision, shortness of breath), diabetic condition, experienced problems with drugs, or intoxicating liquor or received treatment for substance abuse?      YES      NO      **(MUST circle one)**

*(If you answered "YES", list the problem(s), date of last occurrence(s), and any prescription medication(s) with dosage(s) the student has been on in the last six (6) months:*

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I certify that I have read the above and that the information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN/LAWFUL CUSTODIAN

**N.C. DMV VISION SCREENING SECTION**

Eye Exam: PQS or L 20/ \_\_\_\_\_ R 20/ \_\_\_\_\_ Corrective Lenses:  Yes  No Other: \_\_\_\_\_ D.L. 77 ISSUED  YES  NO

Notes \_\_\_\_\_

Date Issued: \_\_\_\_\_ Instructor or DMV Rep. Signature \_\_\_\_\_ Lic # or DEPS #: \_\_\_\_\_

