To Whom It May Concern:

I am requesting a verification letter as proof of completion of a driver/rider education course for the following person:

Name

Date of Birth

Current Address

Name of Driver/Rider Education School Attended

Approximate Date of Completion

**Please email form to** **Driver.Education@Maine.gov** **. The letter will be emailed back to you once your request has been processed.**

**Pay by card:**

**I would like to pay my letter of verification fee by charging it to my:**

* **Visa**
* **Mastercard**
* **Discover**

**The amount to be charged to my credit card is:**

* **$5.00 (emailed or mailed letter)**

**Credit Card Number Expiration Date**

 **Month/Year**

**Name as it appears on credit card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street/PO Box City/Town State Zip Code**

**Daytime telephone #**

**Mailing: Make check or money order payable to the Secretary of State for $5.00 and mail to:**

Secretary of State

Bureau of Motor Vehicles

Driver Education Program

#29 State House Station

Augusta, Maine 04333-0029