Annual Volunteer Defensive Driving Courses

Certificate of Training

I, _____ (/ /)
Print Name Birthdate (mm/dd/year)

Certify that I have completely read and fully understand the material contained in the:

☐ Defensive Driving Fundamentals

TMS Training: NFED 3854564

☐ Defensive Driving

TMS Training: NFED 3867508

_____ _____
Signature Date

Please complete this document and return it to Voluntary Service to receive credit for your training. Please also ensure we have a current driver's license and insurance card on file.

Mailing Address:

Voluntary Service/135
Canandaigua VA Medical Center
400 Fort Hill Ave.
Canandaigua, NY 14424

Revised 8/23/16