**TEACHING CERTIFICATE - CERTIFICATE OF COMPETENCE**

AE013-2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CANDIDATE** |  | | | | | | | | | |  |  |  |  |  |  |  |  |
| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date and place of birth |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Identity document number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address (street, number, box) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode + Municipality |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Register number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National Register number (optional) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

I, the undersigned .................................................................................., director, or their assistant, of the driving school certified under number ...................., certify that the candidate named above(1):

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| **CERTIFICATE OF COMPETENCE**  ⃝ meets the conditions set forth in the Royal Decree of 10 July 2006 on the driving licence for category B vehicles for the purpose of obtaining a provisional 18-month driving licence for category B.  The candidate has completed ........................... hours of driving school for category B.  Date of the first lesson still valid (2): ………………………………………………….  Name -address of the driving school: ..........................................................................  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  Date and signature of director or deputy:  seal |

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| **TEACHING CERTIFICATE**  ⃝ has completed ........................... hours of driving school for category (1):   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | B |  |  | B+ 96 |  |  | B+E |  |  | C1 |  |  | C1+E |  |  | C |  |  | C+E |  |  | D1 |  |  | G |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | D1+E |  |  | D |  |  | D+E |  |  | AM |  |  | A1 |  |  | A2 |  |  | A |  |  | B+372 |  |  | B+373 |   Date of the first lesson still valid (2): ………………………………………………….  Name -address of the driving school: ..........................................................................  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  Date and signature of director or deputy:  seal |

1. *Check the appropriate box(es).*
2. *Article 16 paragraph 3 of the Decree of 23 March 1998: the training hours completed in a driving school are taken into account during a period of three years.*