NOTICE OF COMPLETION CERTIFICATE

DL 101

A Public Service Agency

NAME (LAST, FIRST MIDDLE SUFFIX)			BIRTHDATE	DRIVER LICENSE NUMBER
[redacted]			[redacted]	[redacted]
ADDRESS (STREET)	(CITY)	(STATE)		(ZIP CODE)
[redacted]	SANTA ROSA	CA		95401

The above named individual has successfully completed a Driving-Under-the-Influence Program licensed by the California Department of Alcohol and Drug Programs to provide the following services: ☐ Education Component Only (23140 CVC Conviction) 1st Offender Program 03 months

Multiple Offender Program ☐ 12 months ☐ 18 months ☐ 30 months ☐ Multiple Offender Program (IID restriction only) ____ months of ____ months

DATE OF ENROLLMENT	DATE OF COMPLETION	VIOLATION DATE	COURT CODE	DOCKET NUMBER
06/10/2009	09/15/2009	01/14/2009		

PROGRAM NAME	ADP LICENSE NUMBER
Sonoma County Drinking Driver Program	4900301120

PROGRAM ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
1300 Coddingtown Center	Santa Rosa	CA	95401

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	PARTICIPANT'S SIGNATURE		TELEPHONE NUMBER
9/15/09	X [redacted]		
DATE	**AUTHORIZED PROGRAM REPRESENTATIVE'S PRINTED NAME**	**AUTHORIZED PROGRAM REPRESENTATIVE'S SIGNATURE**	**TELEPHONE NUMBER**
09/15/2009	Alyssa Morrow	X [redacted]	(707) 565-7640

INSTRUCTIONS TO PROVIDER: Print the appropriate number of copies, apply the signatures (program representative and participant), retain a copy, and distribute to participant and court.

NOTE: Before a restriction is processed, Proof of Financial Responsibility and reissue fee payment must be received.

This Notice of Completion Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant or record keeping is not valid for DMV purposes.

DL 101 (REV. 5/2005) WWW

UNIQUE ID#: [redacted]AMORROWN8863400DL101