

California Department of Motor Vehicles
A Public Service Agency

NOTICE OF NON-COMPLIANCE

DL 101A

DRIVER LICENSE NO.		BIRTHDATE	
NAME (LAST, FIRST MIDDLE SUFFIX)		ADDRESS (STREET)	
ADDRESS (CITY)		(STATE)	(ZIP CODE)
DATE OF ENROLLMENT OR RE-ENROLLMENT		FAILURE TO COMPLY DATE	
VIOLATION DATE		DOCKET NUMBER	
COURT CODE		SCR	
"The person identified has failed to comply with the rules and regulations of this DUI treatment program."			
PROGRAM NAME		ADP LICENSE NO.	
Sonoma County Drinking Driver Program		4500301120	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
AUTHORIZED PROGRAM REPRESENTATIVE'S PRINTED NAME		DATE	
Amanda Dougan		11/30/2009	
AUTHORIZED PROGRAM REPRESENTATIVE'S SIGNATURE			

INSTRUCTIONS TO PROVIDER: Print the appropriate number of copies, apply the signature (program representative), retain a copy, and distribute to participant and court. This Notice of Non-Compliance is a facsimile of electronically transmitted information. Any copy printed for court, participant or record keeping is not valid for DMV purposes.

UNIQUE ID#: