



# PROOF OF ENROLLMENT CERTIFICATE

## DL 107

NAME (LAST, FIRST MIDDLE SUFFIX)		BIRTHDATE	DRIVER LICENSE NUMBER
ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE)

**1ST OFFENDER PROGRAM 03 MONTHS**  
 Participant **MAY** be eligible for departmental restrictions. By submitting this form to DMV, the Participant is applying for the restrictions to drive to and from treatment program; to and from employment; and during course of employment. **Admin Per Se restrictions may begin after a mandatory 30 day suspension ends.**

**2ND OFFENDER PROGRAM (§23152 VC ONLY)**  
 18 MONTHS  
 30 MONTHS

DATE OF ENROLLMENT OR RE-ENROLLMENT 08/17/2011	VIOLATION DATE 05/29/2011	COURT CODE	DOCKET NUMBER
PROGRAM NAME Sonoma County Drinking Driver Program			ADP LICENSE NUMBER 4900301120
PROGRAM ADDRESS (STREET) 1300 Coddington Center		(CITY) Santa Rosa	(STATE) (ZIP CODE) 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
	X	(707)
DATE	AUTHORIZED PROGRAM REPRESENTATIVE'S PRINTED NAME	AUTHORIZED PROGRAM REPRESENTATIVE'S SIGNATURE
08/17/2011	Marie Shupe	X
		TELEPHONE NUMBER
		(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 Proof of Enrollment Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant or record keeping is not valid for DMV purposes.