DRIVER RECOF	RD II	FORMAT	NOF			
DRIVERS LICENSE OR ID CARD #	F.O.	BATES NO.	TYPE APP.	DATE	MISC. INFO. SUBMITTED BY REQUESTER	REQ. 0



IDENTIFICATION OF DRIVER BASED ON INFORMATION SUBMITTED

REQ. CODE RECORD DATE

A PUB

L8315 011019 27654

BIRTHDATE SEX HEIGHT WEIGHT EYES HAIR

DMV USE ONLY

CL DAP 01/10 BLK 001

		DRIV	ER LI	CENSE INFORMA	TION		
CLASS	ISSUED	EXPIRES	EXT.	RESTRICTIONS	DUP. LIC. ISSUED	LIC. HELD	
N-COM	020513	031123	RB1	01	111		1238

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ANY ACCIDENTS SHOWN ABOVE DO NOT NECESSARILY INDICATE DRIVER RESPONSIBILITY

HEALTH QUESTIONNAIRE EXPIRES NONE
*NOTIFICATION OF ACTIVITY PER REQUEST
SR22 PROOF REQUIRED 05/26/19 TERMINATES 05/26/22
REST 01- MUST WEAR CORRECTIVE LENSES WHEN DRIVING.

SEE

REVERSE FOR
EXPLANATION
OF CODES

	DEPARTMENT ACTION	MAIL ORDER DATE	EFFECTIVE DATE	AUTHORITY SECTION(S) OR OTHER STATE TAKING ACTION	THRU DATE OR TERM	REASON FOR ACTION SERVICE OF ORDER FR FILE TYPE DATE NUMBER
•	SUSPENDED WRI	122718 TTEN NO	012619 TICE SE	133532 ,13382 RVED BY OFFICER		EXCESSIVE BLOOD ALCOHOL LEVEL J 122718