



**STATE OF FLORIDA**  
**Department of Highway Safety & Motor Vehicles**  
**Driver And Vehicle Information Database (DAVID)**

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 S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES**

**Application for Driver License/I.D. Card or Receipt**

**LEARNER LICENSE**

DL/ID Number: **A425337804180** Class: **E** County: **6**

I do hereby certify that the answers given by me on this application are true. I also understand the operation of a motor vehicle constitutes consent to any sobriety test required by law and consent to release of driving records required by law.

**HAMZAH SALEH AL  
 GHAMDI  
 755 DOTTEREL RD 1504  
 DELRAY BEACH, FL 33444-  
 2048**



Issue Type: **Original** Conditional Messages: **Safe Driver**

Date of Birth	Race	Sex	Height	Restrictions	Endorsements	Issue date	Issue time	Expiration date	Duplicate date
<b>11-18-80</b>	<b>O</b>	<b>M</b>	<b>5'07</b>			<b>06-27-01</b>	<b>08:49:06</b>	<b>11-18-07</b>	<b>00-00-00</b>

Social Security Nbr.	Form number	Examiner Name/ID	Cashier Name/ID	Office	DL/ID Issued
<b>999-99-9999</b>	<b>P020106270029</b>	<b>(P02) DANNY/4787</b>	<b>(P02) DANNY/4787</b>	<b>P02</b>	<b>Yes</b>

**EXAMINATIONS**

Road Sign	Road Rule	Drive Test	MC Rule	MC Skill	Oral Exam	DELAP	Non-English Exam
*	<b>Passed</b>				<b>No</b>	<b>No</b>	<b>No</b>

  

Vision	Tag Number	Contact Lenses	Visual Acuity WITHOUT Correction	Vision Report	Medical Report	Hearing
<b>Passed</b>		<b>No</b>	left: <b>40</b> right: <b>40</b> both: <b>40</b>			<b>Good</b>

**CDL EXAMINATIONS**

Phy. Exam	Gen Knowledge	Air Brakes	Comb. Veh.	Passenger	Double/Triple	Tanker
<b>Passed</b>						
Comply 391	Haz.Mat.	Inspect	Basic Skill	Skill Test	Third Party	Knowledge Type
<b>No</b>					<b>No</b>	

Applicant: Do you operate a CMV outside the State of Florida? (Y/N) **No**

**OUT OF STATE LICENSE INFORMATION**

State	Issue Date	License Number	Expiration	Disposition
<b>FF</b>	<b>00-00-00</b>	<b>SAUDI ARABIA 1016352965</b>	<b>08-02-05</b>	<b>Retained</b>

**STATEMENT OF APPLICANT CONCERNING LICENSE OR ID CARD**

- N** I have been convicted of DWI/DUI 2 or more times within the last 5 years or 3 or more times within the past 10 years in any state.
- Y** I have in my possession or under my control a valid driver license issued by the State of Florida, or any other state.
- Y** I have been licensed in another state.
- N** Due to my part time residence/employment or military assignment in the State, it is necessary for me to retain my out-of-state driver license.

**IDENTIFICATION AND PHYSICAL/MENTAL QUALIFICATIONS**

- N** Ever adjudged by a court to be afflicted or suffering from any mental disorder or disease?

State:            Date:            If yes, have you been restored to competency as required by law?            Restored:

N Have you suffered from epilepsy, fainting, or dizzy spells within the past two years?

If YES explain:

N Are you addicted to drugs or intoxicants? If YES explain:

N Have your driving privilege ever been revoked, suspended or denied in any state?

State:            Date:            Reason:            Restored:

N Sexual Predator?            N Sexual Offender?            N Convicted Felon?            N Rights Restored?

Identification: **DRIVER-LIC, ID-CARD.**    Disabilities: **None**            Fingerprint on file: **None**

**REMARKS**

Issue Comments:

Previous FL Number	Change Type	FL Disposition	Donor Info	US Citizen	FL Resident
	<b>None</b>			<b>No</b>	<b>Yes</b>

Guardian:				Relationship:		
Sec. Deposit	FR Refee	Service Fee	lic/ID Fee	Delinquent Mailin	Tax Collector	Donation Amount
<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$20.00</b>	<b>No</b>	<b>\$0.00</b>	<b>\$0.00</b>
Total Amount	Money Type	Receipt Number	Log Number	Data Source	Program Version	
<b>\$20.00</b>	<b>CA</b>		<b>0029</b>	<b>Host</b>	<b>VER1</b>	