

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

DRIVER LICENSE

DL/ID Number: **A420540781690** Class: **E** County: **10**

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.

MARWAN ALSHEHHI
3389 SHERIDAN STREET #256

HOLLYWOOD, FL 33021-0000



Issue Type: **Replacement**

Conditional Messages: **Safe Driver**

Date of Birth	Race	Sex	Height	Restrictions	Endorsements	Issue date	Issue time	Expiration date	Duplicate date
05-09-78	O	M	5'10	A		04-12-01	08:31:57	05-09-07	06-19-01

Social Security Nbr.	Form number	Examiner Name/ID	Cashier Name/ID	Office	DL/ID Issued
999-99-9999	R010106190052	(R01) DOROTH/4133	(R01) DOROTH/4133	R01	Yes

EXAMINATIONS

Road Sign	Road Rule	Drive Test	MC Rule	MC Skill	Oral Exam	DELAP	Non-English Exam
*	*	*			No	No	No

Vision	Tag Number	Contact Lenses	Visual Acuity WITHOUT Correction	Vision Report	Medical Report	Hearing
		No	left: right: both:			Good

CDL EXAMINATIONS

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

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
FF	00-00-00	18-081996ARAB	05-12-01	Retained

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.
- N** 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.** Disabilities: **None** Fingerprint on file: **None**

REMARKS

Issue Comments:

Previous FL Number	Change Type	FL Disposition	Donor Info	US Citizen	FL Resident	
	None	Surrendered		No	No	
Guardian:			Relationship:			
Sec. Deposit	FR Refee	Service Fee	lic/ID Fee	Delinquent Mailin	Tax Collector	Donation Amount
\$0.00	\$0.00	\$0.00	\$10.00	No	\$0.00	\$0.00
Total Amount	Money Type	Receipt Number	Log Number	Data Source	Program Version	
\$10.00	CA		0052	Host	VER1	