

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

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

DRIVER LICENSE

DL/ID Number: **A300540683210** 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.

MOHAMED ATTA
10001 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071-
0000



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

Date of Birth	Race	Sex	Height	Restrictions	Endorsements	Issue date	Issue time	Expiration date	Duplicate date
09-01-68	O	M	5'08			05-02-01	15:36:28	09-01-07	00-00-00

Social Security Nbr.	Form number	Examiner Name/ID	Cashier Name/ID	Office	DL/ID Issued
999-99-9999	R010105020258	(R01) SYLVIA/0573	(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 Passed	Tag Number	Contact Lenses No	Visual Acuity WITHOUT Correction	Vision Report	Medical Report	Hearing Good	
			left: 40 right: 40 both: 40				

CDL EXAMINATIONS

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

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	B0003531-EGYPT	06-11-01	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.
- Y** I have been licensed in another state.
- Y** 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: **PASSPORT, DRIVER-LIC**, Disabilities: **None** Fingerprint on file: **None**
US-I94, M05 DOES NT ANSWER.

REMARKS

Issue Comments:

Previous FL Number	Change Type None	FL Disposition	Donor Info	US Citizen No	FL Resident No	
Guardian:			Relationship:			
Sec. Deposit \$0.00	FR Refee \$0.00	Service Fee \$0.00	lic/ID Fee \$20.00	Delinquent Mailin No	Tax Collector \$0.00	Donation Amount \$0.00
Total Amount \$20.00	Money Type CA	Receipt Number	Log Number 0258	Data Source Host	Program Version VER1	