



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

**DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO  
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: **J600997751710** Class: **E** County: **10**

**ZIAD SAMIR JARRAH**  
**4641 BOUGAINVILLA DR**  
**LAUD BY THE SEA, FL 33308-**  
**0000**

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.



Issue Type: **Replacement**

Conditional Messages: **Safe Driver**

Date of Birth	Race	Sex	Height	Restrictions	Endorsements	Issue date	Issue time	Expiration date	Duplicate date
05-11-75	O	M	5'11	A		05-02-01	08:24:25	05-11-07	07-10-01

Social Security Nbr.	Form number	Examiner Name/ID	Cashier Name/ID	Office	DL/ID Issued
999-99-9999	R010107100032	(R01) SYLVIA/0573	(R01) FELIX/4572	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
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	K037167	05-11-25	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	
	<b>None</b>	<b>Surrendered</b>		<b>No</b>	<b>No</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>\$10.00</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>\$10.00</b>	<b>CA</b>		<b>0032</b>	<b>Host</b>	<b>VER1</b>	