

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

IDENTIFICATION CARD

DL/ID Number: **A425780794210** Class: **1** 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.

SAEED AL GHAMDI
755 DOTTEREL ROAD APT
1504
DELRAY BEACH, FL 33444-
0000



Issue Type: **Original**

Conditional Messages:

Date of Birth	Race	Sex	Height	Restrictions	Endorsements	Issue date	Issue time	Expiration date	Duplicate date
11-21-79	O	M	5'09			07-10-01	07:43:19	11-21-05	00-00-00

Social Security Nbr.	Form number	Examiner Name/ID	Cashier Name/ID	Office	DL/ID Issued
999-99-9999	P030107100016	(P03) DAVID/4615	(P03) DAVID/4615	P03	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:		

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
	00-00-00		00-00-00	

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.
- N** 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: **PASSPORT, US-I94.** Disabilities: **None** Fingerprint on file: **None**

REMARKS

Issue Comments:

Previous FL Number	Change Type	FL Disposition	Donor Info	US Citizen	FL Resident
	None			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	\$3.00	No	\$0.00	\$0.00
Total Amount	Money Type	Receipt Number	Log Number	Data Source	Program Version	
\$3.00	CA		0016	Host	VER1	