

**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**

**Driver License Transaction Page**

Driver License Transaction on **06-29-01**



DL/ID Number **A455-001-77-447-0** Class **I**

**AHMED A A AL NAMI**  
**755 DOTTEREL RD 1504**  
**DELRAY BEACH, FL 33444-2048**

Date of Birth **12-07-77** Sex **M** Height **5'07**

Restrictions \_\_\_\_\_ Endorsements \_\_\_\_\_

Fingerprint on file  
**None**

Issue Date **06-29-01** Issue Time **08:29:52**

Expiration Date **12-07-05** Duplicate Date \_\_\_\_\_

Form Number  
**P020106290040**

Conditional Messages:

Associated Application |  
Individual Summary | New Search | Main Menu

**GOVERNMENT  
EXHIBIT**  
*VA*  
**MM01010**  
**01-455-A (ID)**

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

**IDENTIFICATION CARD**

DL/ID Number: **A455001774470** Class: **I** County: **6**

**AHMED A A AL NAMI**  
**755 DOTTEREL RD 1504**  
**DELRAY BEACH, FL 33444-**  
**2048**

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: **Original**

Conditional Messages:

Date of Birth	Race	Sex	Height	Restrictions	Endorsements	Issue date	Issue time	Expiration date	Duplicate date
12-07-77	O	M	5'07			06-29-01	08:29:52	12-07-05	00-00-00

Social Security Nbr.	Form number	Examiner Name/ID	Cashier Name/ID	Office	DL/ID Issued
999-99-9999	P020106290040	(P02) DANNY/4787	(P02) DANNY/4787	P02	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	
	<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>\$3.00</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>\$3.00</b>	<b>CA</b>		<b>0040</b>	<b>Host</b>	<b>VER1</b>	