

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: **A426893784600** Class: **E** County: **10**

WALEED M AL SHEHRI
1600 N OCEAN DR #8
HOLLYWOOD, FL 33019-0000

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: **Duplicate** Conditional Messages: **Safe Driver**

Date of Birth	Race	Sex	Height	Restrictions	Endorsements	Issue date	Issue time	Expiration date	Duplicate date
12-20-78	H	M	5'06			05-04-01	11:48:11	12-20-07	05-05-01

Social Security Nbr.	Form number	Examiner Name/ID	Cashier Name/ID	Office	DL/ID Issued
999-99-9999	R010105050226	(R04) BARBAR/8045	(R04) BARBAR/8045	R01	Yes

EXAMINATIONS

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

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

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	ARABIA	12-20-01	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.
- 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	\$0.00	No	\$0.00	\$0.00
Total Amount	Money Type	Receipt Number	Log Number	Data Source	Program Version	
\$0.00	0		0226	Host	VER1	