Requestor: [Blank]
Date/time: 4/12/2010 10:36:43 AM
Request: Name and DL Check RMS
Info: OLN[Blank] OLS CA NAME
SEX[Blank] DOE[Blank]

DMV DL

DATE: 04-12-10 TIME: 10:36
MATCHED ON
DMV RECORD FOR LAW ENFORCEMENT USE ONLY
DL NO[Blank] NAME[Blank]
MAIL ADDR AS OF
OTHER ADDR AS OF
IDENTIFYING INFORMATION:
ID CARD[Blank] EXPIRES[Blank]
LICENSE[Blank] EXPIRES[Blank] CLASS[Blank]
ENDORSEMENTS: NONE
ORIGINAL DL ISSUE DATE
LATEST APP:
DL TYPE: HEADQUARTERS RBM/RBI
ISS/DATE[Blank] OFFICE[Blank]
ORGAN AND TISSUE DONOR: NO
LICENSE STATUS:
VALID
DEPARTMENTAL ACTIONS:
NONE
CONVICTIONS:
VIO/LT. CONV/DT. SEC/CMO: DICTNO: DISP
COUNT VEHLIC

DMV POINT COUNT
FAILURES TO APPEAR:
NONE
ACCIDENTS:
NONE
END