



PROOF OF ENROLLMENT CERTIFICATE

DL 107

NAME (LAST, FIRST, MIDDLE, SUFFIX)	BIRTHDATE	DRIVER LICENSE NUMBER
		C
(CITY) COTATI	(STATE) CA	(ZIP CODE) 94931

1ST OFFENDER PROGRAM 09 MONTHS

Participant **MAY** be eligible for departmental restrictions. By submitting this form to DMV, the Participant is applying for the restrictions to drive to and from treatment program; to and from employment; and during course of employment. **Admin Per Se restrictions may begin after a mandatory 30 day suspension ends.**

2ND OFFENDER PROGRAM (§23152 VC ONLY)

- 18 MONTHS
 30 MONTHS

DATE OF ENROLLMENT OR RE-ENROLLMENT 01/28/2009	VIOLATION DATE 01/20/2009	COURT CODE	DOCKET NUMBER SCR-5
PROGRAM NAME Sonoma County Drinking Driver Program			ADP LICENSE NUMBER 4900301120
PROGRAM ADDRESS (STREET) 1300 Coddington Center		(CITY) Santa Rosa	(STATE) (ZIP CODE) CA 95401

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE 1-29-09	PARTICIPANT'S SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER (707)
DATE 01/29/2009	AUTHORIZED PROGRAM REPRESENTATIVE'S PRINTED NAME Amanda Dougan	TELEPHONE NUMBER (707) 565-7640

INSTRUCTIONS TO PROVIDER: Print the appropriate number of copies, apply the signatures (program representative and participant), retain a copy, and distribute to participant and court.

NOTE: Before a restriction is processed, Proof of Financial Responsibility and reissue fee payment must be received.

This Proof of Enrollment Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant or record keeping is not valid for DMV purposes.