

DEPARTMENT OF MOTOR VEHICLES

LICENSING OPERATIONS DIVISION

Driver Safety Branch

4700 Broadway, 2nd Floor

Sacramento, CA 95820



Telephone (916) 227-2970 FAX: (916) 227-2901

ORDER OF SUSPENSION/REVOCAION

DRIVER LICENSE OR FILE NUMBER
VEHICLE CODE AUTHORITY SECTION 12805 12806 12809 13359 <input type="checkbox"/> 13953 <input type="checkbox"/> 14252 <input type="checkbox"/> 14103
<input checked="" type="checkbox"/> SUSPENSION <input type="checkbox"/> REVOCATION

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Your privilege to operate a motor vehicle is withdrawn effective **November 1, 2008** because:

- your drive test written test results were unsatisfactory.
- your medical information was not favorable.
- you violated the terms and conditions of your probation.
- Law Enforcement referral and past case history has shown you have a physical condition which requires use of pain medications that affects your ability to drive a motor vehicle safely.

If you do not want a hearing at this time, an interview may be scheduled at a later date upon your request. To request a hearing you may contact the department 10 days from the date of this order if personally served, or 14 days from the mailing date of this order if received by mail. If a hearing is requested, you will be notified by mail of the date, time and location.

You may elect to request the department to consider additional information that the medical condition has been controlled and is no longer a potential threat to safe driving.

For information regarding the hearing process, please see attached.

- You may apply in person for an identification card at any DMV field office if you do not already have one. If a withdrawal action has been taken because of a medical condition, you may obtain an identification card at no cost upon surrender of your unexpired California Driver License.

THIS ACTION IS INDEPENDENT OF ANY OTHER ACTION TAKEN BY THE COURT OR THIS DEPARTMENT

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify under penalty of perjury, under the laws of the State of California, that on the date below, I:

- presented to the person named above a true copy of this document.
- deposited in the United States mail at the address shown above, at _____, a true copy of this document, in a sealed envelope, with postage prepaid, addressed to the person as shown on this document; that I am over the age of eighteen years, an employee of the Department of Motor Vehicles at the business address as shown above in the county where the office is located; and that I am not a party to the cause herein mentioned.

DATE	NAME OF AUTHORIZED DMV EMPLOYEE	SIGNATURE OF AUTHORIZED DMV EMPLOYEE
October 28, 2008	V. h	

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922