

## DEPARTMENT OF MOTOR VEHICLES

LICENSING OPERATIONS DIVISION

Driver Safety Branch  
1377 Fell Street, 2nd Floor  
San Francisco, CA 94117-2296

Telephone: (415) 557-1170 FAX: (415) 557-7375

## TEMPORARY LICENSE

DRIVER LICENSE NUMBER  
C 66P ... ie  
E ... St,  
F ... y, Ca 94112

Cc: Dave Schwartz, Esq

|                       |
|-----------------------|
| DS DISTRICT OFFICE ID |
| 290                   |
| CLASS/ENDORSEMENT(S)  |
| C                     |
| DRIVER LICENSE NUMBER |
| C 66                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------|
| ISSUED AT (DRIVER SAFETY DISTRICT OFFICE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE                                 | DATE OF BIRTH |
| San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | November 10, 2008                    | May 19, 1964  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |               |
| P ... ie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |               |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |               |
| E ... g St,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |               |
| CITY, STATE, ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |               |
| F ... y, Ca 94112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |               |
| RESTRICTION(S):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |               |
| <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Restriction(s):                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |               |
| REASON FOR ISSUANCE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |               |
| stay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |               |
| <b>THIS TEMPORARY LICENSE IS VALID FROM <u>NOVEMBER 10, 2008</u> THROUGH <u>MARCH 10, 2009</u>. THIS TEMPORARY LICENSE MUST BE SIGNED BY THE LICENSEE TO BE VALID.</b>                                                                                                                                                                                                                                                                                                                                             |                                      |               |
| SIGNATURE OF LICENSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |               |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |               |
| <b>THIS SECTION ONLY APPLIES TO A STAY/HEARING (ONLY Box(es) X'd Apply)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |               |
| <input checked="" type="checkbox"/> The <u>suspension</u> taken against your driving privilege pursuant to §133532, of the Vehicle Code, effective <u>November 10, 2008</u> , is hereby stayed pending the outcome of your administrative hearing/department review. You may continue to drive during the stay. <b>IF YOU DO NOT RECEIVE THE DECISION PRIOR TO THE EXPIRATION DATE SHOWN ON THIS TEMPORARY LICENSE, PLEASE CONTACT THE OFFICE AT THE ABOVE ADDRESS FOR AN EXTENSION OF THIS TEMPORARY LICENSE.</b> |                                      |               |
| <input type="checkbox"/> You will be notified of the hearing date.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |               |
| <input checked="" type="checkbox"/> Your <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Telephone hearing is scheduled on <u>D. ... I, 20...</u> , at <u>11:15am</u> in <u>Santa Rosa DSO</u> .                                                                                                                                                                                                                                                                                            |                                      |               |
| <b>You may receive a driver license by mail while the action is stayed pending the outcome of your hearing. Upon notification of the hearing decision, you may be required to surrender your driver license.</b>                                                                                                                                                                                                                                                                                                   |                                      |               |
| <b>THIS ACTION IS INDEPENDENT OF ANY OTHER ACTION TAKEN BY THE COURT OR THIS DEPARTMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |               |
| NAME OF AUTHORIZED DMV EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SIGNATURE OF AUTHORIZED DMV EMPLOYEE |               |
| Mvvpj                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X                                    |               |

VPL

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