



NOTICE OF COMPLETION CERTIFICATE

DL 101



NAME (LAST, FIRST MIDDLE SUFFIX)			BIRTHDATE	DRIVER LICENSE NUMBER
ADDRESS (STREET)			(CITY)	(STATE) (ZIP CODE)
The above named individual has successfully completed a Driving-Under-the-Influence Program licensed by the California Department of Alcohol and Drug Programs to provide the following services: <input type="checkbox"/> Education Component Only (23140 CVC Conviction) <input type="checkbox"/> 1st Offender Program <u>03</u> months <input type="checkbox"/> Multiple Offender Program <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 30 months <input type="checkbox"/> Multiple Offender Program (IID restriction only) _____ months of _____ months				
DATE OF ENROLLMENT	DATE OF COMPLETION	VIOLATION DATE	COURT CODE	DOCKET NUMBER
PROGRAM NAME				ADP LICENSE NUMBER
PROGRAM ADDRESS (STREET)				(CITY) (STATE) (ZIP CODE)
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
DATE	PARTICIPANT'S SIGNATURE			TELEPHONE NUMBER
09/19/2011	X <i>Eduardo Leon</i> AUTHORIZED PROGRAM REPRESENTATIVE'S PRINTED NAME Eduardo Leon			(707) 255-8300

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