



PROOF OF ENROLLMENT CERTIFICATE

DL 107

NAME (LAST, FIRST MIDDLE SUFFIX)		BIRTHDATE 11/04/	DRIVER LICENSE NUMBER
ADDRESS (STREET) P.O. BOX	(CITY) NAPA	(STATE) CA	(ZIP CODE) 94559

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 03/18/2014	VIOLATION DATE 01/17/2014	COURT CODE 28100	DOCKET NUMBER
PROGRAM NAME Napa County DUI Program			ADP LICENSE NUMBER 2800201120
PROGRAM ADDRESS (STREET) 2020 Jefferson Street		(CITY) Napa	(STATE) (ZIP CODE) CA 94559

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 X	TELEPHONE NUMBER
DATE 03/18/2014	AUTHORIZED PROGRAM REPRESENTATIVE'S PRINTED NAME Eduardo Leon	AUTHORIZED PROGRAM REPRESENTATIVE'S SIGNATURE X
		TELEPHONE NUMBER (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 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.