



SO MANY COURTESY

479-21-1418

THIS NUMBER HAS BEEN ESTABLISHED FOR

DUANE ROBERT  
WILLSON

*duane willson*

SHOW

671064 204



**MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION**

2018962225015

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **1704268729505** Birth Date (Month/Day/Year): **08081993**

Full Legal Name: **WAHIB** Complete Middle Name: **Wahib** Complete Last Name: **Wahib**

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MIN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION):

COMPLETE FIRST NAME: **WAHIB** COMPLETE MIDDLE NAME: **WAHIB** COMPLETE LAST NAME: **WAHIB**

Full Residence Address (where you live) Note: Make sure this is your CURRENT and valid address. The post office will NOT forward your card.

Number: **140** Street: **140 1st Ave S** Apt# **24**

City: **Scottsdale** State: **MIN** Zip Code: **55106** MIN County: **Ramsey**

OPTIONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE COPY) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. I AFFIRM THAT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO ANY RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

Number: \_\_\_\_\_ Street: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ MIN County: \_\_\_\_\_

APPLICANT'S PHYSICAL DESCRIPTION: Eye Color: **BRN** Fr. **1** Ht. **5** IN. Weight in Pounds: **175** Male  Female  Hair: **BLK**

<b>TYPE</b> <input type="checkbox"/> REG <input type="checkbox"/> EDL <input type="checkbox"/> A <input type="checkbox"/> DUP <input type="checkbox"/> MBOP <input type="checkbox"/> B <input type="checkbox"/> DUP <input type="checkbox"/> CLP <input type="checkbox"/> C <input type="checkbox"/> DUP <input type="checkbox"/> REG IP <input checked="" type="checkbox"/> D <input type="checkbox"/> MBOP <input type="checkbox"/> E <input type="checkbox"/> AIR <input type="checkbox"/> F <input type="checkbox"/> COMB <input type="checkbox"/> G <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> H <input type="checkbox"/> PASSENGER <input type="checkbox"/> I <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> J <input type="checkbox"/> TANKER <input type="checkbox"/> K <input type="checkbox"/> HAZMAT <input type="checkbox"/> L <input type="checkbox"/> DWI <input type="checkbox"/> M <input type="checkbox"/> SENIOR <input type="checkbox"/> N <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> O <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> P <input type="checkbox"/> FIREARM <input type="checkbox"/> Q <input type="checkbox"/> S or TC <input type="checkbox"/> R <input type="checkbox"/> VETERAN	<b>TESTS PASSED</b> (STATE EXAM USE ONLY) <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived	<b>RESTRICT/ENDORSE</b> <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE  <b>FEES PAID</b> APPLICATION \$ OTHER FEES \$ SB PHYS \$ REIN FEE \$ OTHER \$ ORGAN DONATION \$	<b>VISION</b> <input checked="" type="checkbox"/> PASS NR <input type="checkbox"/> PASS with CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED:  <b>PROPER ID</b>   <b>INVALIDATED</b> (D)/ ID / IP STATE: <b>MINN</b> EXP: <b>08/08/19</b>
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NOTES: *TC*

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the driver's responsibilities, and penalties outlined in M.S. § 169.344 regarding the safety of children around school buses.

This receipt is valid for 120 days from date of application

Visit [dvs.dps.mn.gov](http://dvs.dps.mn.gov) to:

- Check the status of your driving privileges
- Schedule a road test

Questions? Contact Us:

- Driver's License Questions: 651-297-3298
- License Status, available 24/7: 651-297-1234
- DVS Locations: 651-297-0005
- Motor Vehicle Questions: 651-297-2336
- TDD/TTY: 651-282-6555

Application Date: *08/08/19*

**EDL IS A RECEIPT FOR THE TYPE OF CARD INDICATED, NOT A STANDALONE IDENTIFICATION DOCUMENT**

This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification.

This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above.

This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record.

Not valid as Enhanced Driver's License (EDL) for border crossings.

Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

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