

WISCONSIN DRIVER LICENSE REGULAR USA WI



4d DL **W300-5537-6944-01**
 1 **WITT**
 2 **MEGAN MARIE**
 3 **1303 15TH AVE E APT 8**
MENOMONIE, WI 54751
 3 DOB **12/04/1976** 4b EXP **12/04/2022**
 15 SEX **F** 4i ISS **01/23/2015**
 16 HGT **5'-09"** 18 EYES **GRN**
 17 WGT **170 lb** 19 HAIR **BRO**
 9 CLASS **D**
 9a END **NONE**
 5 DD OTNEI2015012312481006

Megan M. Witt



SOCIAL SECURITY

394-84-5201

THIS NUMBER HAS BEEN ESTABLISHED FOR

MEGAN MARIE WITT

Megan Marie Witt

SIGNATURE

USA 01/20/2015

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration
Form SSA-3000 (08-2011)



G44051825

1502344986980020001

\$39.00
44986-980-020
EC01



12041976

www.wisconsinmvt.gov

CLASS: D-Non-Commercial Vehicles RESTRICTIONS: Prohibited Alcohol: No Operation With Alcohol Concentration Greater Than 0.02

Print Below. Use Permanent Ink.
Anatomical Gift Statement - Upon my death, I wish to donate:

All organs, tissues or eyes. I refuse to make an anatomical gift.

Except: _____

Signature: _____

Date: _____

WI

