

**DRIVER LICENSE
REGULAR**

**USA
WISCONSIN**



4d **H250-0139-7370-01**

9 CLASS **D**

1 **HASSAN**

2 **ABDIWAHAB MOHAMED**

8 **350 E BIRCH AVE # 102
BARRON, WI 54812**



15 SEX **M**

16 HGT **6'-00"**

17 WGT **170 lb**

18 EYES **BLK**

19 HAIR **BLK**

4a ISS **03/10/2020**

3 DOB **10/10/1997**

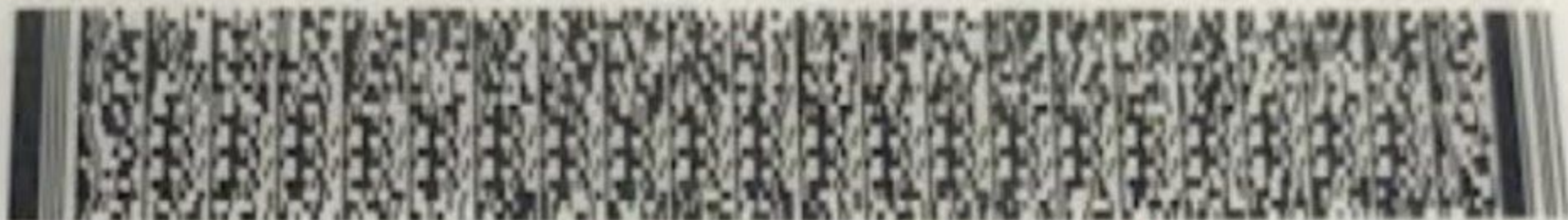
4b EXP **10/10/2027**

9a END **NONE**

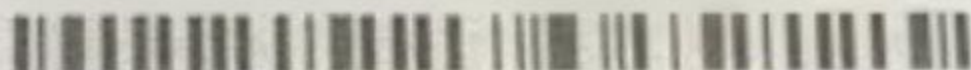
5 DD **OTDCJ2020031007453556**

Donor
Sticker
Here

OCT 97



95324-200-703
EC02 DCJ DCJ



01302 001759636 27



Anatomical Gift Statement - Upon my death, I wish to donate:

☐ All organs, tissues and eyes

☐ I refuse to make an anatomical gift

Limitations: _____

Signature: _____ Date: _____

Use Permanent Ink

10101997

wisconsindmv.gov