



V20230127 1000002771

PATIENT NAME
JOSHUA
ALSTON

D.O.B.
9/15/2000

Date & Time of Collection
10/9/2023

Interpret Results Neg(-) Pos(+) Invalid

C	T	C	T	C	T

C=Control T=Test
100730Mlife Rev A

NEW JERSEY NJMVC
New Jersey Motor Vehicle Commission

AUTO DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES

DL **A5609 41162 09002** CLASS **D**

DOB **09-15-2000**

ISS **12-02-2022** EXP **09-15-2025**

ALSTON
JOSHUA B
618 HARRISON ST
RIVERSIDE, NJ 08075-3321

END NONE
RESTR 1

GENDER **M** HGT **5'-09"** EYES **BRN** ORGAN DONOR
WU WU202233600000125 UPGR 18.38