



1000001630
V20230127
PATIENT NAME
Keyanda Phelps
D.O.B.
01-08-1984
Date & Time of Collection
8-18-23 11:49a

NEW JERSEY NJMVC
New Jersey Motor Vehicle Commission

AUTO DRIVER LICENSE
NOT FOR "REAL ID" PURPOSES

Latoria Little-Hughes
Acting Chief Administrator

DL **P3338 43475 51842** CLASS D
DOB **01-08-1984**
ISS **07-21-2023** EXP **01-08-2026**

PHELPS
KEYANDA NAKIE
690 SOUTHARD ST
TRENTON, NJ 08638-4228

END NONE
RESTR NONE

Keyanda Phelps

GENDER F HGT 5'-06" EYES BRN
WU WU202320200000413 UPGR 17.25