



0000000607  
V20230127

PATIENT NAME  
*Kystel Spinks*

D.O.B.  
*01-27-1998*

Date & Time of Collection  
*7.25.23 10:57*

**NEW JERSEY** **NJMVC**  
New Jersey Motor Vehicle Commission

**AUTO DRIVER LICENSE**

*Letricia Little Hand*  
Acting Commissioner

**NOT FOR "REAL ID" PURPOSES**

**DL** **S7069 43861 01982** **CLASS D**

**DOB** **01-27-1998**

**ISS** **02-13-2023** **EXP 01-27-2027**

**SPINKS**  
**KYSEL A**  
**309 JACOBSTOWN NEW EGYPT RD**  
**WRIGHTSTOWN, NJ 08562-2240**

**END NONE**  
**RESTR NONE**

**GENDER M** **HGT 6'-04"** **EYES BRN**  
**WV** **WV202304400003706** **REN 0.00**

