



V20230127 1000002762

PATIENT NAME  
SAMUEL  
WILSON

D.O.B.  
11/12/1997

Date & Time of Collection  
10/6/2023

Interpret Results Neg(-) Pos(+) Invalid  
C=Control T=Test  
100730Mife Rev A

	Neg(-)	Pos(+)	Invalid
C			
T			

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

**AUTO DRIVER LICENSE**

*Letricia Little Floyd*  
Acting Chief Administrator

DL **W4395 68871 11972** CLASS **D**  
DOB **11-12-1997**  
ISS **08-08-2023** EXP **11-12-2027**

**WILSON**  
SAMUEL JUNIOR SHASPAL  
1637 BIRCH ST APT A  
FORT DIX, NJ 08640-1607

END NONE  
RESTR NONE

GENDER **M** HGT **6'-04"** EYES **BRN**  
KH MH202322000000039 UCU- 35.00