



LIFE DX
VERIFY™

AM
CO
ME
OF
PCP

Interpret Results
C=Control T=Test
100730Mlife Rev A

Neg(-) Pos(+) Invalid
C ☐ ☐ ☐
T ☐ ☐ ☐

1000002312
V20230127
PATIENT NAME
Rayshawn Austell
D.O.B. 12/20/1999
Date & Time of Collection
10/9/23 11:42

NEW JERSEY NJMVC
New Jersey Motor Vehicle Commission

AUTO DRIVER LICENSE
NOT FOR "REAL ID" PURPOSES


Chief Administrator



DL **C0687 64463 12992** CLASS **D**
DOB **12-20-1999**
ISS **01-10-2022** EXP **12-20-2025**



CARTER-AUSTELL
RAYSHAWN C
647 EDGEWOOD AVE
TRENTON, NJ 08618-5505

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



GENDER **M** HGT **6'-03"** EYES **BRN**
WV **WV202201000000170** REN **24.00**