



V20230127 1000002790

PATIENT NAME
DEANDRE
JAMES

D.O.B.
11/05/2000

Date & Time of Collection
10/16/2023

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

	Neg(-)	Pos(+)	Invalid
C			
T			

NEW JERSEY NJMVC
New Jersey Motor Vehicle Commission

AUTO DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES

DL **J0351 15764 11001** CLASS **D**
DOB **11-05-2000**
ISS **08-25-2022** EXP **11-05-2026**

JAMES DEANDRE D
145 PEARL ST
TRENTON, NJ 08609-2515

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

GENDER **M** HGT **5'-11"** EYES **BLK**
WV WV202223700002973 REN 0.00

DeAndre