
 **REPUBLIC OF THE PHILIPPINES**
DEPARTMENT OF TRANSPORTATION
LAND TRANSPORTATION OFFICE
PROFESSIONAL DRIVER'S LICENSE 

Last Name, First Name, Middle Name
BARENG, GEOFFREY LLOYD REYES


Nationality **Sex** **Date of Birth** **Weight (kg)** **Height (m)**
PHL **M** **1981/04/15** **54** **1.64**

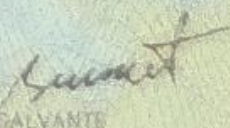
Address
RIZAL CITY OF SANTIAGO

License No. **Expiration Date** **Agency Code**
804-05-001381 **2023/04/15** **B12**

Blood Type **Eyes Color**
O+ **BLACK**

Restrictions **Conditions**
1,2,3 **NONE**


Signature of Licensee


EDGAR O. GALVANTE
Assistant Secretary

III. ORGAN DONATION:
I WILL NOT DONATE ANY ORGAN

IV. IN CASE OF EMERGENCY NOTIFY:
NAME: RUBY ANNE S BARENG
ADDRESS: P3 RIZAL CITY OF SANTIAGO
TEL. NO. 09209478829

I. RESTRICTIONS:

1. MOTORCYCLES / MOTORIZED TRICYCLES
2. VEHICLE UP TO 4500 KGS G.V.W.
3. VEHICLE ABOVE 4500 KGS G.V.W.
4. AUTOMATIC CLUTCH UP TO 4500 G.V.W.
5. AUTOMATIC CLUTCH ABOVE 4500 G.V.W.
6. ARTICULATED VEHICLE 1600 KGS G.V.W. AND BELOW
7. ARTICULATED VEHICLE 1601 UP TO 4500 G.V.W.
8. ARTICULATED VEHICLE 4501 & ABOVE G.V.W.

II. CONDITIONS:

- A. WEAR EYEGLASSES
- B. DRIVE ONLY W/ SPECIAL EQPT FOR UPPER LIMBS
- C. DRIVE ONLY W/ SPECIAL EQPT FOR LOWER LIMBS
- D. DAYLIGHT DRIVING ONLY
- E. ACCOMPANIED BY A PERSON W/ NORMAL HEARING

Serial Number
021496948

DRIVER'S LICENSE - LTO - DRIVER'S LICENSE

