

DEPARTMENT OF MOTOR VEHICLES

LICENSING OPERATIONS DIVISION

Driver Safety Branch

425 N. Amphlett Boulevard

San Mateo, CA 94401

Telephone: (415) 557-1170 FAX: (650) 342-2183



ORDER OF SUSPENSION/REVOCATION

DRIVER LICENSE OR FILE NUMBER 	VEHICLE CODE AUTHORITY SECTIONS 12805 12806 12809 13359 <input checked="" type="checkbox"/> 13953 <input type="checkbox"/> 14252 <input type="checkbox"/> 14103
<input checked="" type="checkbox"/> SUSPENSION <input type="checkbox"/> REVOCATION	

Wilkes

You are unable to operate a motor vehicle safely because of: a physical medical condition.

Your privilege to operate a motor vehicle is withdrawn effective March 29, 2022.

- Your driving test written test results were unsatisfactory.
 - Your medical information was not favorable.
 - You violated the terms and conditions of your probation.
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You have the right to request a hearing.

To request a hearing you must contact the department within 10 days from the date of this order if personally served, or within 14 days from the mailing date of this order if received by mail. If a hearing is requested, you will be notified by mail of the date, time, and location.

If you do not want a hearing at this time, an interview may be scheduled at a later date upon your request.

For information regarding the hearing process, please see the reverse side of this form.

- If eligible, you may apply in person for an identification card at any DMV field office if you do not already have one. You may make an appointment by visiting the DMV website at: www.dmv.ca.gov or calling our Telephone Service Center at 1-800-777-0133. If a withdrawal action has been taken because of a medical condition and you are eligible, you may obtain an identification card at no cost upon surrender of your unexpired California Driver License

THIS ACTION IS INDEPENDENT OF ANY OTHER ACTION TAKEN BY THE COURT OR THIS DEPARTMENT

CERTIFICATE OF MAILING

- presented to the person named above a true copy of this document.

deposited in the United States mail at the address shown above, at _____, a true copy of this document, in a sealed envelope, with postage prepaid, addressed to the person as shown on this document; that I am over the age of eighteen years, an employee of the Department of Motor Vehicles at the business address as shown above in the county where the office is located; and that I am not a party to the cause herein mentioned.

I certify (or declare) under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE 3/23/2022	NAME OF AUTHORIZED DMV EMPLOYEE C. Limpin	SIGNATURE OF AUTHORIZED DMV EMPLOYEE 
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California Relay Telephone Service for the deaf or hard of hearing from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

