







Last Name, First Name, Middle Name BARCEBAL, HAYDEE MAE BACSA

PHL Nationality

Sex

Date of Birth

Weight (kg)

1999/03/14 \$55

Height[m]

Address

REMBO MAKATI CITY 149 P-1 BLK-O ST TEACHERS CMPD WEST

License No.

NO4-21-006768 2026/03/14

Expiration Date

Agency Code

Eyes Color BLACK

Restrictions

EDGAR D. BALVANTE Assistant Secretary

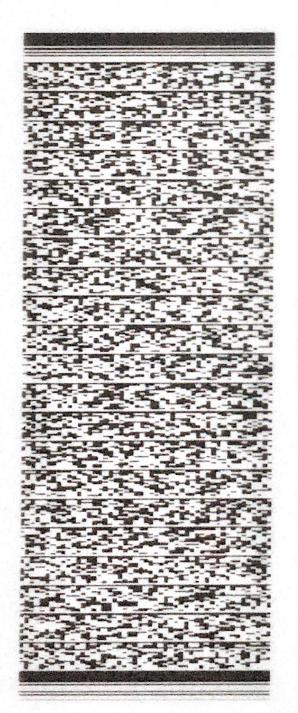
Signature of Licensee

III ORGAN DONATION:

I WILL NOT DONATE ANY ORGAN

IV. IN CASE OF EMERGENCY NOTIFY:

NAME: NOMER BARCEBAL ADDRESS: SAME ADDRESS TEL. NO.: 09174475857



CONDITIONS

WEAR EYEGLASSES

DRIVE ONLY W/SPECIAL EQPT FOR UPPER LIMBS

DRIVE ONLY W/SPECIAL EQPT FOR LOWER LIMBS

- MOTORCYCLES/MOTORIZED TRICYCLES
- VEHICLE UP TO 4500 KGS G V W
- AUTOMATIC CLUTCH UP TO 4500 G V W
- AUTOMATIC CLUTCH ABOVE 4500 G V W

ARTICULATED VEHICLE 4501 & ABOVE G V W ARTICULATED VEHICLE 1601 UP TO 4500 G V W ARTICULATED VEHICLE 1600 KGS G V W AND BELOW

Serial Number 78326195

ACCOMPANIED BY A PERSON W/NORMAL HEARING

