



# REPUBLIC OF THE PHILIPPINES

DEPARTMENT OF TRANSPORTATION  
LAND TRANSPORTATION OFFICE

## DRIVER'S LICENSE



Last Name, First Name, Middle Name

**STA CRUZ, JEROME BUNAG**

Nationality	Sex	Date of Birth	Weight (kg)	Height (m)
PHL	M	1999/02/08	69	1.80

Address

**449 APITONG ST BRGY COMEMBO MAKATI CITY**

License No.

**N01-18-015144**

Expiration Date

**2033/02/08**

Agency Code

**N11**

Blood Type

**B+**

Eyes Color

**BROWN**

DL Codes

**A,A1,B,B1,B2**

Conditions

**NONE**

Signature of Licensee

ATTY. JOSE ARTURO M. TUGADE  
Assistant Secretary

**III ORGAN DONATION:**

I WILL NOT DONATE ANY ORGAN

**IV. IN CASE OF EMERGENCY NOTIFY:**

NAME: ROMEO STA CRUZ

ADDRESS: 449 APITONG ST BRGY COMEMBO MAKATI

TEL. NO.: 09205365535



LTO DRIVERS I

**I. DL CODES**

A MOTORCYCLE  
A1 TRICYCLE  
B UP TO 5000 KGS GVW/8 SEATS  
B1 UP TO 5000 KGS GVW/9 OR MORE SEATS  
B2 GOODS 3500 KGS GVW  
C GOODS > 3500 KGS GVW  
D BUS > 5000 KGS GVW/9 OR MORE SEATS  
BE TRAILERS 3500 KGS  
CE ARTICULATED C > 3500 KGS COMBINED GVW

L1,L2,L3-NP-MT/AT  
L4,L5,L6,L7-NP-MT/AT  
M1-NP-MT/AT  
M2-NP-MT/AT  
N1-NP-MT/AT

USE • LTO DRIV

**II. CONDITIONS:**

1. WEAR CORRECTIVE LENSES
2. DRIVE ONLY W/SPECIAL EQPT FOR UPPER/LOWER LIMBS
3. DRIVE CUSTOMIZED MOTOR VEHICLE ONLY
4. DAYLIGHT DRIVING ONLY
5. HEARING AID REQUIRED

Serial Number

335570248

LICENSE - LTO

PERSONS LICENSE

